

*Landscape of Plan
Options in
New York
2007*

Medicare_{Rx}
Prescription Drug Coverage

Medicare Advantage Cost Plans and Demonstrations

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New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Albany	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Albany	CDPHP Medicare Choice	CDPHP Medicare Choice Value Plan (H3388-003)	Local HMO *	\$15.00					
Albany	CDPHP Medicare Choice	CDPHP Medicare Choice (H3388-001)	Local HMO *	\$30.00					
Albany	CDPHP Medicare Choice	CDPHP Medicare Choice Value Plan Part D (H3388-004)	Local HMO	\$42.40	\$26.50	\$0	Enhanced		•
Albany	CDPHP Medicare Choice	CDPHP Medicare Choice with Part D (H3388-002)	Local HMO	\$63.70	\$25.10	\$0	Enhanced		•
Albany	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-015)	Local HMO *	\$0.00					
Albany	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-014)	Local HMO	\$31.00	\$18.10	\$0	Enhanced	Generics	•
Albany	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Albany	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Albany	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Albany	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Albany	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Albany	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Albany	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Albany	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Albany	MVP Gold	MVP Gold (H9859-001)	Local HMO *	\$22.40					
Albany	MVP Gold	MVP Gold Rx (H9859-002)	Local HMO	\$47.00	\$24.80	\$0	Basic		•
Albany	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Upstate (H3328-001)	Local HMO *	\$0.00					
Albany	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Upstate (H3328-003)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Albany	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Albany	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Albany	SecureHorizons	MedicareComplete Plus Plan 1 (H3379-024)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Albany	SecureHorizons	MedicareComplete Plus Plan 2 (H3379-034)	Local HMO *	\$0.00					
Albany	Senior Blue	Senior Blue 601 (H3384-015)	Local HMO *	\$35.00					
Albany	Senior Blue	Senior Blue 651 PartD (H3384-053)	Local HMO	\$40.00	\$25.10	\$0	Basic		•
Albany	Senior Blue	Senior Blue 652PartD (H3384-013)	Local HMO	\$65.00	\$24.70	\$0	Basic		•
Albany	Senior Blue	Senior Blue 653PartD (H3384-040)	Local HMO	\$85.00	\$39.90	\$0	Enhanced	Generics	•
Albany	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Albany	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Albany	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Albany	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Albany	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Albany	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Albany	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701 Plus (H5526-001)	Local PPO *	\$75.00					
Albany	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-003)	Local PPO	\$105.00	\$23.70	\$0	Basic		•
Albany	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-007)	Local PPO	\$135.00	\$41.40	\$0	Enhanced	Generics	•
Albany	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Albany	WellCare	WellCare Advance (H3361-059)	Local HMO *	\$0.00					
Albany	WellCare	WellCare Choice (H3361-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Albany	WellCare	WellCare Value (H3361-099)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Albany	WellCare	Summit (H6499-008)	PFFS	\$140.90	\$5.30	\$0	Enhanced		•
Allegany	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Allegany	Excellus Health Plan, Inc.	SeniorChoice Value (H3351-009)	Local HMO *	\$15.00					
Allegany	Excellus Health Plan, Inc.	SeniorChoice Select (H3351-001)	Local HMO *	\$40.00					
Allegany	Excellus Health Plan, Inc.	Univera Medicare PPO 103 (H3335-003)	Local PPO *	\$45.00					
Allegany	Excellus Health Plan, Inc.	Univera Medicare PPO 102 (H3335-002)	Local PPO	\$60.00	\$20.00	\$100	Enhanced	Generics	•
Allegany	Excellus Health Plan, Inc.	SeniorChoice Secure (H3351-002)	Local HMO	\$65.00	\$18.40	\$0	Enhanced		•
Allegany	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Allegany	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Allegany	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Allegany	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Allegany	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Allegany	Independent Health	Encompass 65 Basic (H3362-017)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Allegany	Independent Health	Encompass 65 Basic (H3362-018)	Local HMO *	\$0.00					
Allegany	Independent Health	Encompass 65 (H3362-016)	Local HMO *	\$7.00					
Allegany	Independent Health	Encompass 65 (H3362-003)	Local HMO	\$39.00	\$24.40	\$265	Basic		
Allegany	Independent Health	IH's Medicare Passport Plan PPO (H3344-001)	Local PPO	\$48.00	\$24.40	\$265	Basic		
Allegany	Independent Health	Encompass 65 Extra (H3362-004)	Local HMO	\$55.00	\$49.50	\$0	Enhanced	Generics and Brands	•
Allegany	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Allegany	Independent Health	IH's Medicare Passport Plan PPO Premier (H3344-003)	Local PPO	\$109.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Allegany	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Allegany	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Allegany	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Allegany	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Allegany	Senior Blue	Senior Blue 601 (H3384-022)	Local HMO *	\$0.00					
Allegany	Senior Blue	Senior Blue 651PartD (H3384-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Allegany	Senior Blue	Senior Blue 602 (H3384-051)	Local HMO *	\$20.00					
Allegany	Senior Blue	Senior Blue 652PartD (H3384-052)	Local HMO	\$21.50	\$21.50	\$0	Basic		•
Allegany	Senior Blue	Senior Blue 653PartD (H3384-041)	Local HMO	\$40.00	\$36.70	\$0	Enhanced	Generics	•
Allegany	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Allegany	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Allegany	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Allegany	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Allegany	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Allegany	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Allegany	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701Plus (H5526-002)	Local PPO *	\$35.00					
Allegany	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-004)	Local PPO	\$75.00	\$23.60	\$0	Basic		•
Allegany	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-008)	Local PPO	\$120.00	\$37.80	\$0	Enhanced	Generics	•
Allegany	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Allegany	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-028)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Allegany	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Allegany	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Allegany	WellCare	Summit (H6499-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Bronx	Aetna Medicare	Aetna Golden Medicare Basic Plan (H3312-036)	Local HMO *	\$0.00					
Bronx	Aetna Medicare	Aetna Golden Medicare Value Plan (H3312-002)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Bronx	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3312-037)	Local HMO	\$40.00	\$18.60	\$0	Enhanced	Generics	•
Bronx	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3312-028)	Local HMO	\$65.00	\$41.10	\$0	Enhanced	Generics	•
Bronx	Empire BlueCross BlueShield	MediBlue PPO Plus (H3342-001)	Local PPO	\$31.00	\$21.90	\$0	Enhanced		•
Bronx	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-019)	Local HMO *	\$0.00					
Bronx	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Bronx	GHI Medicare Choice PPO	GHI Medicare PPO Plus (H5528-002)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Bronx	GHI Medicare Choice PPO	GHI Medicare PPO Premier (H5528-003)	Local PPO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Bronx	GHI Medicare Choice PPO	GHI Medicare PPO Prime (H5528-001)	Local PPO *	\$0.00					
Bronx	Health Net Of NY	Health Net Green (H3366-021)	Local HMO *	\$0.00					
Bronx	Health Net Of NY	Health Net Ruby (H3366-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Bronx	Healthfirst Medicare Plan	Healthfirst 65 Plus Plan (H3359-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Bronx	Healthfirst Medicare Plan	Healthfirst Coordinated Benefits Plan (H3359-027)	Local HMO *	\$0.00					
Bronx	Healthfirst Medicare Plan	Healthfirst Increased Benefits Plan (H3359-019)	Local HMO	\$21.90	\$21.90	\$265	Basic		
Bronx	HIP Health Plan of Greater New York	HIP VIP Medicare (H3330-021)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Bronx	HIP Health Plan of Greater New York	HIP VIP Plus (H3330-023)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Bronx	HIP Health Plan of Greater New York	HIP VIP Rx Carveout (H3330-025)	Local HMO *	\$0.00					
Bronx	Hip Insurance Company Of New York	HIP VIP Independence (H3345-001)	Local PPO	\$55.00	\$23.90	\$265	Basic		•
Bronx	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Bronx	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Bronx	Liberty Health Advantage	Liberty Health Advantage Preferred Choice (H3337-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Bronx	MPOWER Health	MPOWER Health (H8011-001)	MSA Demo *	\$0.00					
Bronx	Neighborhood Health Providers	Neighborhood Medicare Platinum (H3336-007)	Local HMO *	\$0.00					
Bronx	Neighborhood Health Providers	Neighborhood Medicare Plus (H3336-004)	Local HMO *	\$0.00					
Bronx	Neighborhood Health Providers	Neighborhood Medicare Plus Rx (H3336-001)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Bronx	Neighborhood Health Providers	Neighborhood Medicare Platinum with Rx (H3336-006)	Local HMO	\$24.40	\$24.40	\$265	Basic		
Bronx	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage NYC (H3328-006)	Local HMO *	\$0.00					
Bronx	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD NYC (H3328-008)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Bronx	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Bronx	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Bronx	SecureHorizons	MedicareComplete Essential (H3307-018)	Local HMO *	\$0.00					
Bronx	SecureHorizons	MedicareComplete Mosaic (H3307-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Bronx	SecureHorizons	MedicareComplete Plan 1 (H3307-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Bronx	SecureHorizons	MedicareComplete Plan 2 (H3379-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Bronx	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Bronx	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Bronx	Today's Option	Today's Options Value (H3333-029)	PFFS *	\$15.00					
Bronx	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	\$43.00	\$27.70	\$0	Basic		•
Bronx	Today's Option	Today's Options Premier (H3333-030)	PFFS *	\$46.00					
Bronx	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	\$85.00	\$39.00	\$0	Enhanced	Generics	•
Bronx	Touchstone Health	Touchstone Health Medicare Enhanced (H3327-014)	Local HMO *	\$0.00					
Bronx	Touchstone Health	Touchstone Health Medicare Value (H3327-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Bronx	Touchstone Health	Touchstone Health Medicare Total Advantage (H3327-002)	Local HMO	\$24.00	\$24.00	\$265	Basic		•
Bronx	Touchstone Health	Touchstone Health Medicare Freedom (H3327-003)	Local HMO	\$50.00	\$0.00	\$0	Enhanced	Generics	•
Bronx	WellCare	WellCare Choice (H3361-020)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Bronx	WellCare	WellCare Dividend (H3361-039)	Local HMO *	\$0.00					
Bronx	WellCare	WellCare Evergreen (H3361-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Bronx	WellCare	WellCare Passport (H3361-051)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Bronx	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Bronx	WellCare	Summit (H6499-011)	PFFS	\$211.00	\$42.90	\$0	Enhanced		•
Broome	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Broome	Aetna Medicare	Aetna Golden Medicare Value Plan (H3312-045)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Broome	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3312-046)	Local HMO	\$33.00	\$18.60	\$0	Enhanced	Generics	•
Broome	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3312-047)	Local HMO	\$58.00	\$41.10	\$0	Enhanced	Generics	•
Broome	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-007)	Local PPO *	\$5.00					
Broome	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-009)	Local PPO	\$35.00	\$21.10	\$100	Enhanced		•
Broome	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-008)	Local PPO	\$35.00	\$35.00	\$50	Enhanced	Generics	•
Broome	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Broome	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Broome	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		

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Broome	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Broome	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Broome	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Broome	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Broome	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Broome	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Broome	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Broome	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Broome	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Broome	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Broome	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Broome	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Broome	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Broome	Touchstone Health	Touchstone Health Medicare Enhanced (H3327-022)	Local HMO *	\$0.00					
Broome	Touchstone Health	Touchstone Health Medicare Total Advantage (H3327-024)	Local HMO	\$24.00	\$24.00	\$265	Basic		•
Broome	Touchstone Health	Touchstone Health Medicare Value (H3327-021)	Local HMO	\$25.00	\$0.00	\$0	Enhanced	Generics	•
Broome	Touchstone Health	Touchstone Health Medicare Freedom (H3327-023)	Local HMO	\$45.00	\$0.00	\$0	Enhanced	Generics	•
Broome	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Broome	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Broome	WellCare	Summit (H6499-006)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Cattaraugus	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Cattaraugus	Excellus Health Plan, Inc.	SeniorChoice Value (H3351-009)	Local HMO *	\$15.00					
Cattaraugus	Excellus Health Plan, Inc.	SeniorChoice Select (H3351-001)	Local HMO *	\$40.00					
Cattaraugus	Excellus Health Plan, Inc.	Univera Medicare PPO 103 (H3335-003)	Local PPO *	\$45.00					
Cattaraugus	Excellus Health Plan, Inc.	Univera Medicare PPO 102 (H3335-002)	Local PPO	\$60.00	\$20.00	\$100	Enhanced	Generics	•
Cattaraugus	Excellus Health Plan, Inc.	SeniorChoice Secure (H3351-002)	Local HMO	\$65.00	\$18.40	\$0	Enhanced		•
Cattaraugus	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Cattaraugus	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Cattaraugus	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Cattaraugus	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Cattaraugus	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Cattaraugus	Independent Health	Encompass 65 Basic (H3362-017)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Cattaraugus	Independent Health	Encompass 65 (H3362-016)	Local HMO *	\$7.00					
Cattaraugus	Independent Health	Encompass 65 (H3362-003)	Local HMO	\$39.00	\$24.40	\$265	Basic		
Cattaraugus	Independent Health	IH's Medicare Passport Plan PPO (H3344-001)	Local PPO	\$48.00	\$24.40	\$265	Basic		
Cattaraugus	Independent Health	Encompass 65 Extra (H3362-004)	Local HMO	\$55.00	\$49.50	\$0	Enhanced	Generics and Brands	•
Cattaraugus	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Cattaraugus	Independent Health	IH's Medicare Passport Plan PPO Premier (H3344-003)	Local PPO	\$109.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Cattaraugus	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Cattaraugus	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Cattaraugus	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Cattaraugus	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Cattaraugus	Senior Blue	Senior Blue 601 (H3384-022)	Local HMO *	\$0.00					
Cattaraugus	Senior Blue	Senior Blue 651PartD (H3384-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Cattaraugus	Senior Blue	Senior Blue 602 (H3384-051)	Local HMO *	\$20.00					
Cattaraugus	Senior Blue	Senior Blue 652PartD (H3384-052)	Local HMO	\$21.50	\$21.50	\$0	Basic		•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Cattaraugus	Senior Blue	Senior Blue 653PartD (H3384-041)	Local HMO	\$40.00	\$36.70	\$0	Enhanced	Generics	•
Cattaraugus	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cattaraugus	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cattaraugus	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Cattaraugus	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Cattaraugus	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Cattaraugus	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Cattaraugus	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701Plus (H5526-002)	Local PPO *	\$35.00					
Cattaraugus	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-004)	Local PPO	\$75.00	\$23.60	\$0	Basic		•
Cattaraugus	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-008)	Local PPO	\$120.00	\$37.80	\$0	Enhanced	Generics	•
Cattaraugus	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Cattaraugus	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cattaraugus	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Cattaraugus	WellCare	Summit (H6499-010)	PFFS	\$181.00	\$48.10	\$0	Enhanced		•
Cayuga	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Cayuga	Aetna Medicare	Aetna Golden Medicare Value Plan (H3312-048)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Cayuga	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3312-049)	Local HMO	\$33.00	\$18.60	\$0	Enhanced	Generics	•
Cayuga	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3312-050)	Local HMO	\$58.00	\$41.10	\$0	Enhanced	Generics	•
Cayuga	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-013)	Local PPO *	\$25.00					
Cayuga	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-015)	Local PPO	\$55.00	\$19.70	\$100	Enhanced		•
Cayuga	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-014)	Local PPO	\$55.00	\$36.40	\$50	Enhanced	Generics	•
Cayuga	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Cayuga	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Cayuga	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Cayuga	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Cayuga	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Cayuga	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Cayuga	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Cayuga	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Cayuga	SecureHorizons	MedicareComplete (H3379-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Cayuga	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Cayuga	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Cayuga	SecureHorizons	MedicareComplete Essential (H3379-031)	Local HMO *	\$0.00					
Cayuga	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cayuga	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cayuga	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Cayuga	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Cayuga	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Cayuga	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Cayuga	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cayuga	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Cayuga	WellCare	Summit (H6499-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Chautauqua	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Chautauqua	Excellus Health Plan, Inc.	SeniorChoice Value (H3351-009)	Local HMO *	\$15.00					
Chautauqua	Excellus Health Plan, Inc.	SeniorChoice Select (H3351-001)	Local HMO *	\$40.00					
Chautauqua	Excellus Health Plan, Inc.	Univera Medicare PPO 103 (H3335-003)	Local PPO *	\$45.00					
Chautauqua	Excellus Health Plan, Inc.	Univera Medicare PPO 102 (H3335-002)	Local PPO	\$60.00	\$20.00	\$100	Enhanced	Generics	•
Chautauqua	Excellus Health Plan, Inc.	SeniorChoice Secure (H3351-002)	Local HMO	\$65.00	\$18.40	\$0	Enhanced		•
Chautauqua	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Chautauqua	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Chautauqua	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Chautauqua	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Chautauqua	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Chautauqua	Independent Health	Encompass 65 Basic (H3362-017)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Chautauqua	Independent Health	Encompass 65 Basic (H3362-018)	Local HMO *	\$0.00					
Chautauqua	Independent Health	Encompass 65 (H3362-016)	Local HMO *	\$7.00					
Chautauqua	Independent Health	Encompass 65 (H3362-003)	Local HMO	\$39.00	\$24.40	\$265	Basic		
Chautauqua	Independent Health	IH's Medicare Passport Plan PPO (H3344-001)	Local PPO	\$48.00	\$24.40	\$265	Basic		
Chautauqua	Independent Health	Encompass 65 Extra (H3362-004)	Local HMO	\$55.00	\$49.50	\$0	Enhanced	Generics and Brands	•
Chautauqua	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Chautauqua	Independent Health	IH's Medicare Passport Plan PPO Premier (H3344-003)	Local PPO	\$109.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Chautauqua	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Chautauqua	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Chautauqua	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Chautauqua	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Chautauqua	Senior Blue	Senior Blue 601 (H3384-022)	Local HMO *	\$0.00					
Chautauqua	Senior Blue	Senior Blue 651PartD (H3384-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Chautauqua	Senior Blue	Senior Blue 602 (H3384-051)	Local HMO *	\$20.00					
Chautauqua	Senior Blue	Senior Blue 652PartD (H3384-052)	Local HMO	\$21.50	\$21.50	\$0	Basic		•
Chautauqua	Senior Blue	Senior Blue 653PartD (H3384-041)	Local HMO	\$40.00	\$36.70	\$0	Enhanced	Generics	•
Chautauqua	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Chautauqua	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Chautauqua	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Chautauqua	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Chautauqua	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Chautauqua	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Chautauqua	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701Plus (H5526-002)	Local PPO *	\$35.00					
Chautauqua	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-004)	Local PPO	\$75.00	\$23.60	\$0	Basic		•
Chautauqua	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-008)	Local PPO	\$120.00	\$37.80	\$0	Enhanced	Generics	•
Chautauqua	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Chautauqua	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Chautauqua	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Chautauqua	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Chemung	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Chemung	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-007)	Local PPO *	\$5.00					
Chemung	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-009)	Local PPO	\$35.00	\$21.10	\$100	Enhanced		•
Chemung	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-008)	Local PPO	\$35.00	\$35.00	\$50	Enhanced	Generics	•
Chemung	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Chemung	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Chemung	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Chemung	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Chemung	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Chemung	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Chemung	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Chemung	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Chemung	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Chemung	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Chemung	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Chemung	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Chemung	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Chemung	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Chemung	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Chemung	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Chemung	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Chemung	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Chemung	WellCare	Summit (H6499-008)	PFFS	\$140.90	\$5.30	\$0	Enhanced		•
Chenango	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Chenango	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-007)	Local PPO *	\$5.00					
Chenango	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-009)	Local PPO	\$35.00	\$21.10	\$100	Enhanced		•
Chenango	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-008)	Local PPO	\$35.00	\$35.00	\$50	Enhanced	Generics	•
Chenango	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Chenango	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Chenango	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Chenango	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Chenango	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Chenango	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Chenango	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Chenango	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Chenango	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Chenango	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Chenango	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Chenango	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Chenango	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Chenango	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Chenango	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Chenango	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Chenango	Touchstone Health	Touchstone Health Medicare Enhanced (H3327-022)	Local HMO *	\$0.00					
Chenango	Touchstone Health	Touchstone Health Medicare Total Advantage (H3327-024)	Local HMO	\$24.00	\$24.00	\$265	Basic		•
Chenango	Touchstone Health	Touchstone Health Medicare Value (H3327-021)	Local HMO	\$25.00	\$0.00	\$0	Enhanced	Generics	•
Chenango	Touchstone Health	Touchstone Health Medicare Freedom (H3327-023)	Local HMO	\$45.00	\$0.00	\$0	Enhanced	Generics	•
Chenango	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Chenango	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Chenango	WellCare	Summit (H6499-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Clinton	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Clinton	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-019)	Local PPO *	\$65.00					
Clinton	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-021)	Local PPO	\$90.00	\$13.00	\$100	Enhanced		•
Clinton	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-020)	Local PPO	\$90.00	\$27.30	\$50	Enhanced	Generics	•
Clinton	Health Net	Health Net Pearl Option 2 (H5721-002)	PFFS *	\$25.00					
Clinton	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Clinton	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Clinton	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Clinton	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Clinton	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Clinton	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Clinton	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Clinton	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Clinton	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Clinton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Clinton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clinton	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Clinton	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Clinton	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Clinton	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Clinton	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Clinton	WellCare	Concert (H6499-015)	PFFS	\$80.00	\$31.70	\$0	Enhanced		•
Clinton	WellCare	Summit (H6499-011)	PFFS	\$211.00	\$42.90	\$0	Enhanced		•
Columbia	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Columbia	Health Net	Health Net Pearl Option 2 (H5721-002)	PFFS *	\$25.00					
Columbia	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Columbia	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Columbia	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Columbia	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Columbia	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Columbia	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Columbia	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Columbia	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Upstate (H3328-001)	Local HMO *	\$0.00					
Columbia	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Upstate (H3328-003)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Columbia	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Columbia	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Columbia	Senior Blue	Senior Blue 601 (H3384-015)	Local HMO *	\$35.00					
Columbia	Senior Blue	Senior Blue 651 PartD (H3384-053)	Local HMO	\$40.00	\$25.10	\$0	Basic		•
Columbia	Senior Blue	Senior Blue 652PartD (H3384-013)	Local HMO	\$65.00	\$24.70	\$0	Basic		•
Columbia	Senior Blue	Senior Blue 653PartD (H3384-040)	Local HMO	\$85.00	\$39.90	\$0	Enhanced	Generics	•
Columbia	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Columbia	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Columbia	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Columbia	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Columbia	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Columbia	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Columbia	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701 Plus (H5526-001)	Local PPO *	\$75.00					
Columbia	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-003)	Local PPO	\$105.00	\$23.70	\$0	Basic		•
Columbia	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-007)	Local PPO	\$135.00	\$41.40	\$0	Enhanced	Generics	•
Columbia	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Columbia	WellCare	Concert (H6499-015)	PFFS	\$80.00	\$31.70	\$0	Enhanced		•
Columbia	WellCare	Summit (H6499-011)	PFFS	\$211.00	\$42.90	\$0	Enhanced		•
Cortland	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Cortland	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Cortland	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-013)	Local PPO *	\$25.00					
Cortland	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-015)	Local PPO	\$55.00	\$19.70	\$100	Enhanced		•
Cortland	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-014)	Local PPO	\$55.00	\$36.40	\$50	Enhanced	Generics	•
Cortland	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Cortland	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Cortland	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Cortland	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Cortland	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Cortland	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Cortland	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Cortland	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Cortland	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Cortland	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Cortland	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cortland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cortland	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Cortland	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Cortland	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Cortland	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Cortland	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Cortland	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cortland	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Cortland	WellCare	Summit (H6499-010)	PFFS	\$181.00	\$48.10	\$0	Enhanced		•
Delaware	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Delaware	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-016)	Local PPO *	\$45.00					
Delaware	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-018)	Local PPO	\$70.00	\$13.00	\$100	Enhanced		•
Delaware	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-017)	Local PPO	\$70.00	\$27.20	\$50	Enhanced	Generics	•
Delaware	Health Net	Health Net Pearl Option 2 (H5721-002)	PFFS *	\$25.00					
Delaware	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Delaware	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Delaware	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Delaware	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Delaware	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Delaware	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Delaware	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Delaware	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Delaware	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Delaware	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Delaware	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Delaware	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Delaware	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Delaware	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Delaware	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Delaware	Touchstone Health	Touchstone Health Medicare Enhanced (H3327-022)	Local HMO *	\$0.00					
Delaware	Touchstone Health	Touchstone Health Medicare Total Advantage (H3327-024)	Local HMO	\$24.00	\$24.00	\$265	Basic		•
Delaware	Touchstone Health	Touchstone Health Medicare Value (H3327-021)	Local HMO	\$25.00	\$0.00	\$0	Enhanced	Generics	•
Delaware	Touchstone Health	Touchstone Health Medicare Freedom (H3327-023)	Local HMO	\$45.00	\$0.00	\$0	Enhanced	Generics	•
Dutchess	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dutchess	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-013)	Local HMO *	\$0.00					
Dutchess	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Dutchess	GHI Medicare Choice PPO	GHI Medicare PPO I (H5528-004)	Local PPO *	\$0.00					
Dutchess	GHI Medicare Choice PPO	GHI Medicare PPO II (H5528-005)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Dutchess	GHI Medicare Choice PPO	GHI Medicare PPO III (H5528-008)	Local PPO	\$26.00	\$26.00	\$0	Enhanced	Generics	•
Dutchess	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Dutchess	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Dutchess	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Dutchess	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Dutchess	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Dutchess	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Dutchess	MVP Gold	MVP Gold (H9859-003)	Local HMO *	\$102.10					
Dutchess	MVP Gold	MVP Gold Rx (H9859-004)	Local HMO	\$126.80	\$24.70	\$0	Basic		•
Dutchess	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Upstate (H3328-001)	Local HMO *	\$0.00					
Dutchess	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Upstate (H3328-003)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Dutchess	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Dutchess	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Dutchess	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dutchess	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dutchess	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Dutchess	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Dutchess	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Dutchess	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Dutchess	WellCare	WellCare Advance (H3361-076)	Local HMO *	\$0.00					
Dutchess	WellCare	WellCare Choice (H3361-021)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dutchess	WellCare	WellCare Value (H3361-100)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Erie	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Erie	Excellus Health Plan, Inc.	SeniorChoice Value (H3351-009)	Local HMO *	\$15.00					
Erie	Excellus Health Plan, Inc.	SeniorChoice Select (H3351-001)	Local HMO *	\$40.00					
Erie	Excellus Health Plan, Inc.	Univera Medicare PPO 103 (H3335-003)	Local PPO *	\$45.00					
Erie	Excellus Health Plan, Inc.	Univera Medicare PPO 102 (H3335-002)	Local PPO	\$60.00	\$20.00	\$100	Enhanced	Generics	•
Erie	Excellus Health Plan, Inc.	SeniorChoice Secure (H3351-002)	Local HMO	\$65.00	\$18.40	\$0	Enhanced		•
Erie	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Erie	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Erie	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Erie	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Erie	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Erie	Independent Health	Encompass 65 Basic (H3362-017)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Erie	Independent Health	Encompass 65 Basic (H3362-018)	Local HMO *	\$0.00					
Erie	Independent Health	Encompass 65 (H3362-016)	Local HMO *	\$7.00					
Erie	Independent Health	Encompass 65 (H3362-003)	Local HMO	\$39.00	\$24.40	\$265	Basic		
Erie	Independent Health	IH's Medicare Passport Plan PPO (H3344-001)	Local PPO	\$48.00	\$24.40	\$265	Basic		
Erie	Independent Health	Encompass 65 Extra (H3362-004)	Local HMO	\$55.00	\$49.50	\$0	Enhanced	Generics and Brands	•
Erie	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Erie	Independent Health	IH's Medicare Passport Plan PPO Premier (H3344-003)	Local PPO	\$109.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Erie	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Erie	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Erie	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Erie	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Erie	SecureHorizons	MedicareComplete Plus Plan 1 (H3379-024)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Erie	SecureHorizons	MedicareComplete Plus Plan 2 (H3379-034)	Local HMO *	\$0.00					
Erie	Senior Blue	Senior Blue 601 (H3384-022)	Local HMO *	\$0.00					
Erie	Senior Blue	Senior Blue 651PartD (H3384-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Erie	Senior Blue	Senior Blue 602 (H3384-051)	Local HMO *	\$20.00					
Erie	Senior Blue	Senior Blue 652PartD (H3384-052)	Local HMO	\$21.50	\$21.50	\$0	Basic		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Erie	Senior Blue	Senior Blue 653PartD (H3384-041)	Local HMO	\$40.00	\$36.70	\$0	Enhanced	Generics	•
Erie	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Erie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Erie	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Erie	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Erie	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Erie	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Erie	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701Plus (H5526-002)	Local PPO *	\$35.00					
Erie	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-004)	Local PPO	\$75.00	\$23.60	\$0	Basic		•
Erie	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-008)	Local PPO	\$120.00	\$37.80	\$0	Enhanced	Generics	•
Erie	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Erie	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Erie	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Erie	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Essex	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Essex	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-019)	Local PPO *	\$65.00					
Essex	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-021)	Local PPO	\$90.00	\$13.00	\$100	Enhanced		•
Essex	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-020)	Local PPO	\$90.00	\$27.30	\$50	Enhanced	Generics	•
Essex	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Essex	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Essex	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Essex	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Essex	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Essex	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Essex	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Essex	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Essex	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Essex	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Essex	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Essex	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Essex	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Essex	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Essex	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Essex	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Essex	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Essex	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Essex	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Essex	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Franklin	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Franklin	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-019)	Local PPO *	\$65.00					
Franklin	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-021)	Local PPO	\$90.00	\$13.00	\$100	Enhanced		•
Franklin	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-020)	Local PPO	\$90.00	\$27.30	\$50	Enhanced	Generics	•
Franklin	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Franklin	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Franklin	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Franklin	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Franklin	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Franklin	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Franklin	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Franklin	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Franklin	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Franklin	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Franklin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Franklin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Franklin	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Franklin	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Franklin	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Franklin	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Franklin	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Franklin	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Franklin	WellCare	Summit (H6499-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Fulton	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Fulton	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-016)	Local PPO *	\$45.00					
Fulton	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-018)	Local PPO	\$70.00	\$13.00	\$100	Enhanced		•
Fulton	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-017)	Local PPO	\$70.00	\$27.20	\$50	Enhanced	Generics	•
Fulton	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Fulton	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Fulton	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Fulton	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Fulton	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Fulton	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Fulton	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Fulton	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Fulton	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Fulton	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Fulton	Senior Blue	Senior Blue 601 (H3384-015)	Local HMO *	\$35.00					
Fulton	Senior Blue	Senior Blue 651 PartD (H3384-053)	Local HMO	\$40.00	\$25.10	\$0	Basic		•
Fulton	Senior Blue	Senior Blue 652PartD (H3384-013)	Local HMO	\$65.00	\$24.70	\$0	Basic		•
Fulton	Senior Blue	Senior Blue 653PartD (H3384-040)	Local HMO	\$85.00	\$39.90	\$0	Enhanced	Generics	•
Fulton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Fulton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Fulton	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Fulton	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Fulton	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Fulton	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Fulton	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701 Plus (H5526-001)	Local PPO *	\$75.00					
Fulton	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-003)	Local PPO	\$105.00	\$23.70	\$0	Basic		•
Fulton	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-007)	Local PPO	\$135.00	\$41.40	\$0	Enhanced	Generics	•
Fulton	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Fulton	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Fulton	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Fulton	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Genesee	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Genesee	Excellus Health Plan, Inc.	SeniorChoice Value (H3351-009)	Local HMO *	\$15.00					
Genesee	Excellus Health Plan, Inc.	SeniorChoice Select (H3351-001)	Local HMO *	\$40.00					
Genesee	Excellus Health Plan, Inc.	Univera Medicare PPO 103 (H3335-003)	Local PPO *	\$45.00					
Genesee	Excellus Health Plan, Inc.	Univera Medicare PPO 102 (H3335-002)	Local PPO	\$60.00	\$20.00	\$100	Enhanced	Generics	•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Genesee	Excellus Health Plan, Inc.	SeniorChoice Secure (H3351-002)	Local HMO	\$65.00	\$18.40	\$0	Enhanced		•
Genesee	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Genesee	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Genesee	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Genesee	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Genesee	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Genesee	Independent Health	Encompass 65 Basic (H3362-017)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Genesee	Independent Health	Encompass 65 Basic (H3362-018)	Local HMO *	\$0.00					
Genesee	Independent Health	Encompass 65 (H3362-016)	Local HMO *	\$7.00					
Genesee	Independent Health	Encompass 65 (H3362-003)	Local HMO	\$39.00	\$24.40	\$265	Basic		
Genesee	Independent Health	IH's Medicare Passport Plan PPO (H3344-001)	Local PPO	\$48.00	\$24.40	\$265	Basic		
Genesee	Independent Health	Encompass 65 Extra (H3362-004)	Local HMO	\$55.00	\$49.50	\$0	Enhanced	Generics and Brands	•
Genesee	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Genesee	Independent Health	IH's Medicare Passport Plan PPO Premier (H3344-003)	Local PPO	\$109.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Genesee	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Genesee	MPOWER Health	MPOWER Health (H8011-001)	MSA Demo *	\$0.00					
Genesee	Preferred Care Gold	Preferred Care Gold (H3305-007)	Local HMO *	\$28.40					
Genesee	Preferred Care Gold	Preferred Care GoldRx (H3305-011)	Local HMO	\$62.00	\$22.00	\$0	Basic		•
Genesee	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere (H3346-001)	Local PPO *	\$66.40					
Genesee	Preferred Care GoldAnywhere	Preferred Care GoldAnywhereRx (H3346-002)	Local PPO	\$107.00	\$21.70	\$0	Enhanced	Generics	•
Genesee	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Genesee	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Genesee	Senior Blue	Senior Blue 601 (H3384-022)	Local HMO *	\$0.00					
Genesee	Senior Blue	Senior Blue 651PartD (H3384-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Genesee	Senior Blue	Senior Blue 602 (H3384-051)	Local HMO *	\$20.00					
Genesee	Senior Blue	Senior Blue 652PartD (H3384-052)	Local HMO	\$21.50	\$21.50	\$0	Basic		•
Genesee	Senior Blue	Senior Blue 653PartD (H3384-041)	Local HMO	\$40.00	\$36.70	\$0	Enhanced	Generics	•
Genesee	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Genesee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Genesee	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Genesee	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Genesee	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Genesee	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Genesee	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701Plus (H5526-002)	Local PPO *	\$35.00					
Genesee	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-004)	Local PPO	\$75.00	\$23.60	\$0	Basic		•
Genesee	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-008)	Local PPO	\$120.00	\$37.80	\$0	Enhanced	Generics	•
Genesee	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Genesee	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Genesee	WellCare	Summit (H6499-008)	PFFS	\$140.90	\$5.30	\$0	Enhanced		•
Greene	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Greene	Health Net	Health Net Pearl Option 2 (H5721-002)	PFFS *	\$25.00					
Greene	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Greene	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Greene	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Greene	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Greene	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Greene	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Greene	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Greene	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Upstate (H3328-001)	Local HMO *	\$0.00					
Greene	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Upstate (H3328-003)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Greene	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Greene	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Greene	Senior Blue	Senior Blue 601 (H3384-015)	Local HMO *	\$35.00					
Greene	Senior Blue	Senior Blue 651 PartD (H3384-053)	Local HMO	\$40.00	\$25.10	\$0	Basic		•
Greene	Senior Blue	Senior Blue 652PartD (H3384-013)	Local HMO	\$65.00	\$24.70	\$0	Basic		•
Greene	Senior Blue	Senior Blue 653PartD (H3384-040)	Local HMO	\$85.00	\$39.90	\$0	Enhanced	Generics	•
Greene	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Greene	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Greene	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Greene	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Greene	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Greene	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Greene	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701 Plus (H5526-001)	Local PPO *	\$75.00					
Greene	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-003)	Local PPO	\$105.00	\$23.70	\$0	Basic		•
Greene	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-007)	Local PPO	\$135.00	\$41.40	\$0	Enhanced	Generics	•
Greene	WellCare	WellCare Advance (H3361-077)	Local HMO *	\$0.00					
Greene	WellCare	WellCare Choice (H3361-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Greene	WellCare	WellCare Value (H3361-104)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hamilton	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Hamilton	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-016)	Local PPO *	\$45.00					
Hamilton	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-018)	Local PPO	\$70.00	\$13.00	\$100	Enhanced		•
Hamilton	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-017)	Local PPO	\$70.00	\$27.20	\$50	Enhanced	Generics	•
Hamilton	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Hamilton	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Hamilton	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Hamilton	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Hamilton	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Hamilton	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Hamilton	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Hamilton	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Hamilton	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hamilton	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Hamilton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hamilton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hamilton	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Hamilton	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Hamilton	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Hamilton	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Hamilton	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hamilton	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Hamilton	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Herkimer	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Herkimer	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-004)	Local PPO *	\$5.00					
Herkimer	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-006)	Local PPO	\$35.00	\$21.70	\$100	Enhanced		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Herkimer	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-005)	Local PPO	\$35.00	\$35.00	\$50	Enhanced	Generics	•
Herkimer	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Herkimer	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Herkimer	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Herkimer	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Herkimer	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Herkimer	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Herkimer	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Herkimer	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Herkimer	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Upstate (H3328-001)	Local HMO *	\$0.00					
Herkimer	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Upstate (H3328-003)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Herkimer	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Herkimer	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Herkimer	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Herkimer	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Herkimer	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Herkimer	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Herkimer	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Herkimer	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Herkimer	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Herkimer	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Herkimer	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Herkimer	WellCare	Summit (H6499-010)	PFFS	\$181.00	\$48.10	\$0	Enhanced		•
Jefferson	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Jefferson	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-013)	Local PPO *	\$25.00					
Jefferson	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-015)	Local PPO	\$55.00	\$19.70	\$100	Enhanced		•
Jefferson	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-014)	Local PPO	\$55.00	\$36.40	\$50	Enhanced	Generics	•
Jefferson	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Jefferson	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Jefferson	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Jefferson	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Jefferson	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Jefferson	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Jefferson	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Jefferson	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Jefferson	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Jefferson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Jefferson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jefferson	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Jefferson	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Jefferson	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Jefferson	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Jefferson	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Jefferson	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Jefferson	WellCare	Summit (H6499-010)	PFFS	\$181.00	\$48.10	\$0	Enhanced		•
Kings	Aetna Medicare	Aetna Golden Medicare Basic Plan (H3312-036)	Local HMO *	\$0.00					
Kings	Aetna Medicare	Aetna Golden Medicare Value Plan (H3312-002)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Kings	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3312-037)	Local HMO	\$40.00	\$18.60	\$0	Enhanced	Generics	•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Kings	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3312-028)	Local HMO	\$65.00	\$41.10	\$0	Enhanced	Generics	•
Kings	Empire BlueCross BlueShield	MediBlue PPO Plus (H3342-001)	Local PPO	\$31.00	\$21.90	\$0	Enhanced		•
Kings	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-019)	Local HMO *	\$0.00					
Kings	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Kings	GHI Medicare Choice PPO	GHI Medicare PPO Plus (H5528-002)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Kings	GHI Medicare Choice PPO	GHI Medicare PPO Premier (H5528-003)	Local PPO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Kings	GHI Medicare Choice PPO	GHI Medicare PPO Prime (H5528-001)	Local PPO *	\$0.00					
Kings	Health Net Of NY	Health Net Green (H3366-021)	Local HMO *	\$0.00					
Kings	Health Net Of NY	Health Net Ruby (H3366-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Kings	Healthfirst Medicare Plan	Healthfirst 65 Plus Plan (H3359-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Kings	Healthfirst Medicare Plan	Healthfirst Coordinated Benefits Plan (H3359-027)	Local HMO *	\$0.00					
Kings	Healthfirst Medicare Plan	Healthfirst Increased Benefits Plan (H3359-019)	Local HMO	\$21.90	\$21.90	\$265	Basic		
Kings	HIP Health Plan of Greater New York	HIP VIP Medicare (H3330-021)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Kings	HIP Health Plan of Greater New York	HIP VIP Plus (H3330-023)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Kings	HIP Health Plan of Greater New York	HIP VIP Rx Carveout (H3330-025)	Local HMO *	\$0.00					
Kings	Hip Insurance Company Of New York	HIP VIP Independence (H3345-001)	Local PPO	\$55.00	\$23.90	\$265	Basic		•
Kings	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Kings	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Kings	Liberty Health Advantage	Liberty Health Advantage Preferred Choice (H3337-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Kings	MPOWER Health	MPOWER Health (H8011-001)	MSA Demo *	\$0.00					
Kings	Neighborhood Health Providers	Neighborhood Medicare Platinum (H3336-007)	Local HMO *	\$0.00					
Kings	Neighborhood Health Providers	Neighborhood Medicare Plus (H3336-004)	Local HMO *	\$0.00					
Kings	Neighborhood Health Providers	Neighborhood Medicare Plus Rx (H3336-001)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Kings	Neighborhood Health Providers	Neighborhood Medicare Platinum with Rx (H3336-006)	Local HMO	\$24.40	\$24.40	\$265	Basic		
Kings	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage NYC (H3328-006)	Local HMO *	\$0.00					
Kings	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD NYC (H3328-008)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Kings	SecureHorizons	MedicareComplete Balance (H3307-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Kings	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Kings	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Kings	SecureHorizons	MedicareComplete Essential (H3307-018)	Local HMO *	\$0.00					
Kings	SecureHorizons	MedicareComplete Mosaic (H3307-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Kings	SecureHorizons	MedicareComplete Plan 1 (H3307-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Kings	SecureHorizons	MedicareComplete Plan 2 (H3379-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Kings	SecureHorizons	MedicareComplete Plan 3 (H3379-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Kings	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Kings	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kings	Today's Option	Today's Options Value (H3333-029)	PFFS *	\$15.00					
Kings	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	\$43.00	\$27.70	\$0	Basic		•
Kings	Today's Option	Today's Options Premier (H3333-030)	PFFS *	\$46.00					
Kings	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	\$85.00	\$39.00	\$0	Enhanced	Generics	•
Kings	Touchstone Health	Touchstone Health Medicare Enhanced (H3327-014)	Local HMO *	\$0.00					
Kings	Touchstone Health	Touchstone Health Medicare Lunar Plan 1 (H3327-028)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Kings	Touchstone Health	Touchstone Health Medicare Value (H3327-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Kings	Touchstone Health	Touchstone Health Medicare Total Advantage (H3327-002)	Local HMO	\$24.00	\$24.00	\$265	Basic		•
Kings	Touchstone Health	Touchstone Health Medicare Freedom (H3327-003)	Local HMO	\$50.00	\$0.00	\$0	Enhanced	Generics	•
Kings	WellCare	WellCare Choice (H3361-106)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Kings	WellCare	WellCare Dividend (H3361-039)	Local HMO *	\$0.00					

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Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Kings	WellCare	WellCare Evergreen (H3361-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Kings	WellCare	WellCare Passport (H3361-051)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Lewis	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Lewis	Excelsus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-013)	Local PPO *	\$25.00					
Lewis	Excelsus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-015)	Local PPO	\$55.00	\$19.70	\$100	Enhanced		•
Lewis	Excelsus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-014)	Local PPO	\$55.00	\$36.40	\$50	Enhanced	Generics	•
Lewis	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Lewis	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Lewis	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Lewis	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Lewis	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Lewis	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Lewis	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Lewis	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Lewis	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Lewis	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Lewis	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lewis	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lewis	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Lewis	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Lewis	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Lewis	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Lewis	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lewis	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Lewis	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Livingston	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Livingston	Excelsus Health Plan, Inc.	Medicare Blue Choice Value (H3351-008)	Local HMO *	\$15.00					
Livingston	Excelsus Health Plan, Inc.	Medicare Blue Choice Platinum (H3351-007)	Local HMO *	\$35.00					
Livingston	Excelsus Health Plan, Inc.	Blue Choice Senior (H3356-001)	Cost	\$36.60	\$36.60	\$0	Enhanced		•
Livingston	Excelsus Health Plan, Inc.	Medicare Blue PPO - Plan 101 (H3335-031)	Local PPO *	\$70.00					
Livingston	Excelsus Health Plan, Inc.	Medicare Blue Choice Optimum (H3351-006)	Local HMO	\$74.00	\$20.80	\$0	Enhanced		•
Livingston	Excelsus Health Plan, Inc.	Medicare Blue PPO - Plan 201 (H3335-032)	Local PPO	\$90.00	\$22.20	\$100	Enhanced		•
Livingston	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Livingston	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Livingston	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Livingston	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Livingston	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Livingston	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Livingston	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Livingston	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Livingston	Preferred Care Gold	Preferred Care Gold (H3305-007)	Local HMO *	\$28.40					
Livingston	Preferred Care Gold	Preferred Care GoldRx (H3305-011)	Local HMO	\$62.00	\$22.00	\$0	Basic		•
Livingston	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere (H3346-001)	Local PPO *	\$66.40					
Livingston	Preferred Care GoldAnywhere	Preferred Care GoldAnywhereRx (H3346-002)	Local PPO	\$107.00	\$21.70	\$0	Enhanced	Generics	•
Livingston	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Livingston	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Livingston	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Livingston	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Livingston	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Livingston	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Livingston	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Livingston	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Livingston	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Livingston	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Livingston	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Livingston	WellCare	Summit (H6499-010)	PFFS	\$181.00	\$48.10	\$0	Enhanced		•
Madison	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Madison	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-004)	Local PPO *	\$5.00					
Madison	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-006)	Local PPO	\$35.00	\$21.70	\$100	Enhanced		•
Madison	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-005)	Local PPO	\$35.00	\$35.00	\$50	Enhanced	Generics	•
Madison	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Madison	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Madison	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Madison	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Madison	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Madison	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Madison	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Madison	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Madison	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Madison	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Madison	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Madison	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Madison	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Madison	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Madison	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Madison	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Madison	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Madison	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Madison	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Madison	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Monroe	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Monroe	Excellus Health Plan, Inc.	Medicare Blue Choice Value (H3351-008)	Local HMO *	\$15.00					
Monroe	Excellus Health Plan, Inc.	Medicare Blue Choice Platinum (H3351-007)	Local HMO *	\$35.00					
Monroe	Excellus Health Plan, Inc.	Blue Choice Senior (H3356-001)	Cost	\$36.60	\$36.60	\$0	Enhanced		•
Monroe	Excellus Health Plan, Inc.	Medicare Blue PPO - Plan 101 (H3335-031)	Local PPO *	\$70.00					
Monroe	Excellus Health Plan, Inc.	Medicare Blue Choice Optimum (H3351-006)	Local HMO	\$74.00	\$20.80	\$0	Enhanced		•
Monroe	Excellus Health Plan, Inc.	Medicare Blue PPO - Plan 201 (H3335-032)	Local PPO	\$90.00	\$22.20	\$100	Enhanced		•
Monroe	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Monroe	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Monroe	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Monroe	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Monroe	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Monroe	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Monroe	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Monroe	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Monroe	Preferred Care Gold	Preferred Care Gold (H3305-007)	Local HMO *	\$28.40					
Monroe	Preferred Care Gold	Preferred Care GoldRx (H3305-011)	Local HMO	\$62.00	\$22.00	\$0	Basic		•
Monroe	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere (H3346-001)	Local PPO *	\$66.40					
Monroe	Preferred Care GoldAnywhere	Preferred Care GoldAnywhereRx (H3346-002)	Local PPO	\$107.00	\$21.70	\$0	Enhanced	Generics	•
Monroe	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Monroe	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Monroe	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Monroe	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Monroe	Today's Option	Today's Options Value (H3333-029)	PFFS *	\$15.00					
Monroe	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	\$43.00	\$27.70	\$0	Basic		•
Monroe	Today's Option	Today's Options Premier (H3333-030)	PFFS *	\$46.00					
Monroe	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	\$85.00	\$39.00	\$0	Enhanced	Generics	•
Monroe	WellCare	WellCare Advance (H3361-101)	Local HMO *	\$0.00					
Monroe	WellCare	WellCare Choice (H3361-062)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Monroe	WellCare	WellCare Value (H3361-102)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Monroe	WellCare	Concert (H6499-015)	PFFS	\$80.00	\$31.70	\$0	Enhanced		•
Monroe	WellCare	Summit (H6499-011)	PFFS	\$211.00	\$42.90	\$0	Enhanced		•
Montgomery	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Montgomery	CDPHP Medicare Choice	CDPHP Medicare Choice Value Plan (H3388-003)	Local HMO *	\$15.00					
Montgomery	CDPHP Medicare Choice	CDPHP Medicare Choice (H3388-001)	Local HMO *	\$30.00					
Montgomery	CDPHP Medicare Choice	CDPHP Medicare Choice Value Plan Part D (H3388-004)	Local HMO	\$42.40	\$26.50	\$0	Enhanced		•
Montgomery	CDPHP Medicare Choice	CDPHP Medicare Choice with Part D (H3388-002)	Local HMO	\$63.70	\$25.10	\$0	Enhanced		•
Montgomery	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-016)	Local PPO *	\$45.00					
Montgomery	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-018)	Local PPO	\$70.00	\$13.00	\$100	Enhanced		•
Montgomery	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-017)	Local PPO	\$70.00	\$27.20	\$50	Enhanced	Generics	•
Montgomery	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Montgomery	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Montgomery	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Montgomery	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Montgomery	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Montgomery	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Montgomery	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Montgomery	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Montgomery	MVP Gold	MVP Gold (H9859-001)	Local HMO *	\$22.40					
Montgomery	MVP Gold	MVP Gold Rx (H9859-002)	Local HMO	\$47.00	\$24.80	\$0	Basic		•
Montgomery	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Upstate (H3328-001)	Local HMO *	\$0.00					
Montgomery	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Upstate (H3328-003)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Montgomery	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Montgomery	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Montgomery	Senior Blue	Senior Blue 601 (H3384-015)	Local HMO *	\$35.00					
Montgomery	Senior Blue	Senior Blue 651 PartD (H3384-053)	Local HMO	\$40.00	\$25.10	\$0	Basic		•
Montgomery	Senior Blue	Senior Blue 652PartD (H3384-013)	Local HMO	\$65.00	\$24.70	\$0	Basic		•
Montgomery	Senior Blue	Senior Blue 653PartD (H3384-040)	Local HMO	\$85.00	\$39.90	\$0	Enhanced	Generics	•
Montgomery	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Montgomery	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Montgomery	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Montgomery	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Montgomery	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Montgomery	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Montgomery	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701 Plus (H5526-001)	Local PPO *	\$75.00					
Montgomery	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-003)	Local PPO	\$105.00	\$23.70	\$0	Basic		•
Montgomery	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-007)	Local PPO	\$135.00	\$41.40	\$0	Enhanced	Generics	•
Montgomery	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Montgomery	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Montgomery	WellCare	Summit (H6499-008)	PFFS	\$140.90	\$5.30	\$0	Enhanced		•
Nassau	Empire BlueCross BlueShield	MediBlue PPO Essential (H3342-007)	Local PPO *	\$20.00					
Nassau	Empire BlueCross BlueShield	MediBlue PPO Plus (H3342-003)	Local PPO	\$46.00	\$21.90	\$0	Enhanced		•
Nassau	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-011)	Local HMO *	\$0.00					
Nassau	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-003)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Nassau	GHI Medicare Choice PPO	GHI Medicare PPO I (H5528-004)	Local PPO *	\$0.00					
Nassau	GHI Medicare Choice PPO	GHI Medicare PPO II (H5528-005)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Nassau	GHI Medicare Choice PPO	GHI Medicare PPO III (H5528-008)	Local PPO	\$26.00	\$26.00	\$0	Enhanced	Generics	•
Nassau	GHI Medicare Choice PPO	GHI Medicare PPO Select (H5528-012)	Local PPO	\$64.40	\$24.40	\$265	Basic		
Nassau	Healthfirst Medicare Plan	Healthfirst 65 Plus Plan (H3359-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Nassau	Healthfirst Medicare Plan	Healthfirst Increased Benefits Plan (H3359-019)	Local HMO	\$21.90	\$21.90	\$265	Basic		
Nassau	HIP Health Plan of Greater New York	HIP VIP Medicare (H3330-021)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Nassau	HIP Health Plan of Greater New York	HIP VIP Plus (H3330-023)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Nassau	HIP Health Plan of Greater New York	HIP VIP Rx Carveout (H3330-025)	Local HMO *	\$0.00					
Nassau	Hip Insurance Company Of New York	HIP VIP Independence (H3345-001)	Local PPO	\$55.00	\$23.90	\$265	Basic		•
Nassau	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Nassau	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Nassau	Liberty Health Advantage	Liberty Health Advantage Preferred Choice (H3337-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Nassau	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Nassau	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Hudson LI (H3328-009)	Local HMO *	\$54.00					
Nassau	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Hud LI (H3328-011)	Local HMO	\$75.00	\$20.80	\$0	Basic		•
Nassau	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Nassau	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Nassau	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Nassau	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nassau	Today's Option	Today's Options Value (H3333-029)	PFFS *	\$15.00					
Nassau	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	\$43.00	\$27.70	\$0	Basic		•
Nassau	Today's Option	Today's Options Premier (H3333-030)	PFFS *	\$46.00					
Nassau	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	\$85.00	\$39.00	\$0	Enhanced	Generics	•
New York	Aetna Medicare	Aetna Golden Medicare Value Plan (H3312-043)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
New York	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3312-025)	Local HMO	\$49.00	\$19.60	\$0	Enhanced	Generics	•
New York	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3312-044)	Local HMO	\$69.00	\$41.10	\$0	Enhanced	Generics	•
New York	Empire BlueCross BlueShield	MediBlue PPO Plus (H3342-001)	Local PPO	\$31.00	\$21.90	\$0	Enhanced		•
New York	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-019)	Local HMO *	\$0.00					
New York	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
New York	GHI Medicare Choice PPO	GHI Medicare PPO Plus (H5528-002)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
New York	GHI Medicare Choice PPO	GHI Medicare PPO Premier (H5528-003)	Local PPO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
New York	GHI Medicare Choice PPO	GHI Medicare PPO Prime (H5528-001)	Local PPO *	\$0.00					
New York	Healthfirst Medicare Plan	Healthfirst 65 Plus Plan (H3359-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
New York	Healthfirst Medicare Plan	Healthfirst Coordinated Benefits Plan (H3359-027)	Local HMO *	\$0.00					
New York	Healthfirst Medicare Plan	Healthfirst Increased Benefits Plan (H3359-019)	Local HMO	\$21.90	\$21.90	\$265	Basic		
New York	HIP Health Plan of Greater New York	HIP VIP Medicare (H3330-021)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
New York	HIP Health Plan of Greater New York	HIP VIP Plus (H3330-023)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
New York	HIP Health Plan of Greater New York	HIP VIP Rx Carveout (H3330-025)	Local HMO *	\$0.00					
New York	Hip Insurance Company Of New York	HIP VIP Independence (H3345-001)	Local PPO	\$55.00	\$23.90	\$265	Basic		•
New York	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
New York	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
New York	Liberty Health Advantage	Liberty Health Advantage Preferred Choice (H3337-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
New York	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
New York	Neighborhood Health Providers	Neighborhood Medicare Platinum (H3336-007)	Local HMO *	\$0.00					
New York	Neighborhood Health Providers	Neighborhood Medicare Plus (H3336-004)	Local HMO *	\$0.00					
New York	Neighborhood Health Providers	Neighborhood Medicare Plus Rx (H3336-001)	Local HMO	\$0.00	\$0.00	\$265	Basic		
New York	Neighborhood Health Providers	Neighborhood Medicare Platinum with Rx (H3336-006)	Local HMO	\$24.40	\$24.40	\$265	Basic		
New York	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage NYC (H3328-006)	Local HMO *	\$0.00					
New York	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD NYC (H3328-008)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
New York	SecureHorizons	MedicareComplete Balance (H3307-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
New York	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
New York	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
New York	SecureHorizons	MedicareComplete Essential (H3307-018)	Local HMO *	\$0.00					
New York	SecureHorizons	MedicareComplete Mosaic (H3307-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
New York	SecureHorizons	MedicareComplete Plan 1 (H3307-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
New York	SecureHorizons	MedicareComplete Plan 2 (H3379-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
New York	SecureHorizons	MedicareComplete Plan 3 (H3379-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
New York	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
New York	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
New York	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
New York	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
New York	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
New York	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
New York	WellCare	WellCare Choice (H3361-107)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
New York	WellCare	WellCare Dividend (H3361-039)	Local HMO *	\$0.00					
New York	WellCare	WellCare Evergreen (H3361-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
New York	WellCare	WellCare Passport (H3361-051)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
New York	WellCare	Concert (H6499-015)	PFFS	\$80.00	\$31.70	\$0	Enhanced		•
Niagara	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Niagara	Excellus Health Plan, Inc.	SeniorChoice Value (H3351-009)	Local HMO *	\$15.00					
Niagara	Excellus Health Plan, Inc.	SeniorChoice Select (H3351-001)	Local HMO *	\$40.00					
Niagara	Excellus Health Plan, Inc.	Univera Medicare PPO 103 (H3335-003)	Local PPO *	\$45.00					
Niagara	Excellus Health Plan, Inc.	Univera Medicare PPO 102 (H3335-002)	Local PPO	\$60.00	\$20.00	\$100	Enhanced	Generics	•
Niagara	Excellus Health Plan, Inc.	SeniorChoice Secure (H3351-002)	Local HMO	\$65.00	\$18.40	\$0	Enhanced		•
Niagara	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Niagara	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Niagara	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Niagara	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Niagara	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Niagara	Independent Health	Encompass 65 Basic (H3362-017)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Niagara	Independent Health	Encompass 65 Basic (H3362-018)	Local HMO *	\$0.00					
Niagara	Independent Health	Encompass 65 (H3362-016)	Local HMO *	\$7.00					
Niagara	Independent Health	Encompass 65 (H3362-003)	Local HMO	\$39.00	\$24.40	\$265	Basic		
Niagara	Independent Health	IH's Medicare Passport Plan PPO (H3344-001)	Local PPO	\$48.00	\$24.40	\$265	Basic		
Niagara	Independent Health	Encompass 65 Extra (H3362-004)	Local HMO	\$55.00	\$49.50	\$0	Enhanced	Generics and Brands	•
Niagara	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Niagara	Independent Health	IH's Medicare Passport Plan PPO Premier (H3344-003)	Local PPO	\$109.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Niagara	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Niagara	MPOWER Health	MPOWER Health (H8011-001)	MSA Demo *	\$0.00					
Niagara	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Niagara	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Niagara	Senior Blue	Senior Blue 601 (H3384-022)	Local HMO *	\$0.00					
Niagara	Senior Blue	Senior Blue 651PartD (H3384-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Niagara	Senior Blue	Senior Blue 602 (H3384-051)	Local HMO *	\$20.00					
Niagara	Senior Blue	Senior Blue 652PartD (H3384-052)	Local HMO	\$21.50	\$21.50	\$0	Basic		•
Niagara	Senior Blue	Senior Blue 653PartD (H3384-041)	Local HMO	\$40.00	\$36.70	\$0	Enhanced	Generics	•
Niagara	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Niagara	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Niagara	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Niagara	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Niagara	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Niagara	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Niagara	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701Plus (H5526-002)	Local PPO *	\$35.00					
Niagara	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-004)	Local PPO	\$75.00	\$23.60	\$0	Basic		•
Niagara	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-008)	Local PPO	\$120.00	\$37.80	\$0	Enhanced	Generics	•
Niagara	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Niagara	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Niagara	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Oneida	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Oneida	Excelsus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-004)	Local PPO *	\$5.00					
Oneida	Excelsus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-006)	Local PPO	\$35.00	\$21.70	\$100	Enhanced		•
Oneida	Excelsus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-005)	Local PPO	\$35.00	\$35.00	\$50	Enhanced	Generics	•
Oneida	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Oneida	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Oneida	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Oneida	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Oneida	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Oneida	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Oneida	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Oneida	MPOWER Health	MPOWER Health (H8011-001)	MSA Demo *	\$0.00					
Oneida	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Upstate (H3328-001)	Local HMO *	\$0.00					
Oneida	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Upstate (H3328-003)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Oneida	SecureHorizons	MedicareComplete (H3379-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Oneida	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Oneida	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Oneida	SecureHorizons	MedicareComplete Essential (H3379-030)	Local HMO *	\$0.00					
Oneida	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Oneida	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Oneida	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Oneida	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Oneida	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Oneida	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Oneida	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Oneida	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Oneida	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Onondaga	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Onondaga	Aetna Medicare	Aetna Golden Medicare Value Plan (H3312-048)	Local HMO	\$0.00	\$0.00	\$0	Basic		•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Onondaga	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3312-049)	Local HMO	\$33.00	\$18.60	\$0	Enhanced	Generics	•
Onondaga	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3312-050)	Local HMO	\$58.00	\$41.10	\$0	Enhanced	Generics	•
Onondaga	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-013)	Local PPO *	\$25.00					
Onondaga	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-015)	Local PPO	\$55.00	\$19.70	\$100	Enhanced		•
Onondaga	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-014)	Local PPO	\$55.00	\$36.40	\$50	Enhanced	Generics	•
Onondaga	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Onondaga	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Onondaga	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Onondaga	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Onondaga	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Onondaga	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Onondaga	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Onondaga	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Onondaga	MVP Gold	MVP Gold (H9859-005)	Local HMO *	\$44.70					
Onondaga	MVP Gold	MVP Gold Rx (H9859-006)	Local HMO	\$69.50	\$24.80	\$0	Basic		•
Onondaga	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Upstate (H3328-001)	Local HMO *	\$0.00					
Onondaga	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Upstate (H3328-003)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Onondaga	SecureHorizons	MedicareComplete (H3379-007)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Onondaga	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Onondaga	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Onondaga	SecureHorizons	MedicareComplete Essential (H3379-030)	Local HMO *	\$0.00					
Onondaga	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Onondaga	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Onondaga	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Onondaga	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Onondaga	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Onondaga	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Onondaga	Touchstone Health	Touchstone Health Medicare Enhanced (H3327-022)	Local HMO *	\$0.00					
Onondaga	Touchstone Health	Touchstone Health Medicare Total Advantage (H3327-024)	Local HMO	\$24.00	\$24.00	\$265	Basic		•
Onondaga	Touchstone Health	Touchstone Health Medicare Value (H3327-021)	Local HMO	\$25.00	\$0.00	\$0	Enhanced	Generics	•
Onondaga	Touchstone Health	Touchstone Health Medicare Freedom (H3327-023)	Local HMO	\$45.00	\$0.00	\$0	Enhanced	Generics	•
Onondaga	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Onondaga	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Onondaga	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Onondaga	WellCare	Summit (H6499-010)	PFFS	\$181.00	\$48.10	\$0	Enhanced		•
Ontario	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Ontario	Excellus Health Plan, Inc.	Medicare Blue Choice Value (H3351-008)	Local HMO *	\$15.00					
Ontario	Excellus Health Plan, Inc.	Medicare Blue Choice Platinum (H3351-007)	Local HMO *	\$35.00					
Ontario	Excellus Health Plan, Inc.	Blue Choice Senior (H3356-001)	Cost	\$36.60	\$36.60	\$0	Enhanced		•
Ontario	Excellus Health Plan, Inc.	Medicare Blue PPO - Plan 101 (H3335-031)	Local PPO *	\$70.00					
Ontario	Excellus Health Plan, Inc.	Medicare Blue Choice Optimum (H3351-006)	Local HMO	\$74.00	\$20.80	\$0	Enhanced		•
Ontario	Excellus Health Plan, Inc.	Medicare Blue PPO - Plan 201 (H3335-032)	Local PPO	\$90.00	\$22.20	\$100	Enhanced		•
Ontario	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Ontario	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Ontario	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Ontario	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Ontario	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Ontario	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Ontario	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Ontario	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Ontario	Preferred Care Gold	Preferred Care Gold (H3305-007)	Local HMO *	\$28.40					
Ontario	Preferred Care Gold	Preferred Care GoldRx (H3305-011)	Local HMO	\$62.00	\$22.00	\$0	Basic		•
Ontario	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere (H3346-001)	Local PPO *	\$66.40					
Ontario	Preferred Care GoldAnywhere	Preferred Care GoldAnywhereRx (H3346-002)	Local PPO	\$107.00	\$21.70	\$0	Enhanced	Generics	•
Ontario	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Ontario	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Ontario	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Ontario	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Ontario	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Ontario	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Ontario	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Ontario	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Ontario	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Ontario	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ontario	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Ontario	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Orange	Avantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Orange	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-013)	Local HMO *	\$0.00					
Orange	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	GHI Medicare Choice PPO	GHI Medicare PPO I (H5528-004)	Local PPO *	\$0.00					
Orange	GHI Medicare Choice PPO	GHI Medicare PPO II (H5528-005)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Orange	GHI Medicare Choice PPO	GHI Medicare PPO III (H5528-008)	Local PPO	\$26.00	\$26.00	\$0	Enhanced	Generics	•
Orange	GHI Medicare Choice PPO	GHI Medicare PPO Select (H5528-012)	Local PPO	\$64.40	\$24.40	\$265	Basic		
Orange	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Orange	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Orange	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Orange	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Hudson LI (H3328-009)	Local HMO *	\$54.00					
Orange	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Hud LI (H3328-011)	Local HMO	\$75.00	\$20.80	\$0	Basic		•
Orange	SecureHorizons	MedicareComplete (H3307-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	SecureHorizons	MedicareComplete Balance (H3307-013)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Orange	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Orange	SecureHorizons	MedicareComplete Essential (H3307-019)	Local HMO *	\$0.00					
Orange	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Orange	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Orange	Today's Option	Today's Options Value (H3333-029)	PFFS *	\$15.00					
Orange	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	\$43.00	\$27.70	\$0	Basic		•
Orange	Today's Option	Today's Options Premier (H3333-030)	PFFS *	\$46.00					
Orange	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	\$85.00	\$39.00	\$0	Enhanced	Generics	•
Orange	Touchstone Health	Touchstone Health Medicare Value (H3327-015)	Local HMO	\$36.00	\$35.00	\$265	Basic		•
Orange	WellCare	WellCare Advance (H3361-056)	Local HMO *	\$0.00					
Orange	WellCare	WellCare Choice (H3361-027)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orleans	Avantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Orleans	Excellus Health Plan, Inc.	SeniorChoice Value (H3351-009)	Local HMO *	\$15.00					
Orleans	Excellus Health Plan, Inc.	SeniorChoice Select (H3351-001)	Local HMO *	\$40.00					
Orleans	Excellus Health Plan, Inc.	Univera Medicare PPO 103 (H3335-003)	Local PPO *	\$45.00					
Orleans	Excellus Health Plan, Inc.	Univera Medicare PPO 102 (H3335-002)	Local PPO	\$60.00	\$20.00	\$100	Enhanced	Generics	•
Orleans	Excellus Health Plan, Inc.	SeniorChoice Secure (H3351-005)	Local HMO	\$65.00	\$18.40	\$0	Enhanced		•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Orleans	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Orleans	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Orleans	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Orleans	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Orleans	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Orleans	Independent Health	Encompass 65 Basic (H3362-017)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Orleans	Independent Health	Encompass 65 Basic (H3362-018)	Local HMO *	\$0.00					
Orleans	Independent Health	Encompass 65 (H3362-016)	Local HMO *	\$7.00					
Orleans	Independent Health	Encompass 65 (H3362-003)	Local HMO	\$39.00	\$24.40	\$265	Basic		
Orleans	Independent Health	IH's Medicare Passport Plan PPO (H3344-001)	Local PPO	\$48.00	\$24.40	\$265	Basic		
Orleans	Independent Health	Encompass 65 Extra (H3362-004)	Local HMO	\$55.00	\$49.50	\$0	Enhanced	Generics and Brands	•
Orleans	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Orleans	Independent Health	IH's Medicare Passport Plan PPO Premier (H3344-003)	Local PPO	\$109.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Orleans	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Orleans	MPOWER Health	MPOWER Health (H8011-001)	MSA Demo *	\$0.00					
Orleans	Preferred Care Gold	Preferred Care Gold (H3305-007)	Local HMO *	\$28.40					
Orleans	Preferred Care Gold	Preferred Care GoldRx (H3305-011)	Local HMO	\$62.00	\$22.00	\$0	Basic		•
Orleans	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere (H3346-001)	Local PPO *	\$66.40					
Orleans	Preferred Care GoldAnywhere	Preferred Care GoldAnywhereRx (H3346-002)	Local PPO	\$107.00	\$21.70	\$0	Enhanced	Generics	•
Orleans	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Orleans	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Orleans	Senior Blue	Senior Blue 601 (H3384-022)	Local HMO *	\$0.00					
Orleans	Senior Blue	Senior Blue 651PartD (H3384-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Orleans	Senior Blue	Senior Blue 602 (H3384-051)	Local HMO *	\$20.00					
Orleans	Senior Blue	Senior Blue 652PartD (H3384-052)	Local HMO	\$21.50	\$21.50	\$0	Basic		•
Orleans	Senior Blue	Senior Blue 653PartD (H3384-041)	Local HMO	\$40.00	\$36.70	\$0	Enhanced	Generics	•
Orleans	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Orleans	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Orleans	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Orleans	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Orleans	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Orleans	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Orleans	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701Plus (H5526-002)	Local PPO *	\$35.00					
Orleans	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-004)	Local PPO	\$75.00	\$23.60	\$0	Basic		•
Orleans	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-008)	Local PPO	\$120.00	\$37.80	\$0	Enhanced	Generics	•
Orleans	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Orleans	WellCare	Summit (H6499-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Oswego	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Oswego	Aetna Medicare	Aetna Golden Medicare Value Plan (H3312-048)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Oswego	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3312-049)	Local HMO	\$33.00	\$18.60	\$0	Enhanced	Generics	•
Oswego	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3312-050)	Local HMO	\$58.00	\$41.10	\$0	Enhanced	Generics	•
Oswego	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-013)	Local PPO *	\$25.00					
Oswego	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-015)	Local PPO	\$55.00	\$19.70	\$100	Enhanced		•
Oswego	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-014)	Local PPO	\$55.00	\$36.40	\$50	Enhanced	Generics	•
Oswego	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Oswego	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Oswego	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Oswego	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Oswego	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Oswego	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Oswego	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Oswego	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Oswego	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Upstate (H3328-001)	Local HMO *	\$0.00					
Oswego	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Upstate (H3328-003)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Oswego	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Oswego	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Oswego	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Oswego	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Oswego	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Oswego	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Oswego	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Oswego	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Oswego	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Oswego	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Oswego	WellCare	Summit (H6499-010)	PFFS	\$181.00	\$48.10	\$0	Enhanced		•
Otsego	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Otsego	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-016)	Local PPO *	\$45.00					
Otsego	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-018)	Local PPO	\$70.00	\$13.00	\$100	Enhanced		•
Otsego	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-017)	Local PPO	\$70.00	\$27.20	\$50	Enhanced	Generics	•
Otsego	Health Net	Health Net Pearl Option 2 (H5721-002)	PFFS *	\$25.00					
Otsego	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Otsego	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Otsego	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Otsego	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Otsego	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Otsego	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Otsego	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Otsego	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Otsego	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Otsego	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Otsego	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Otsego	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Otsego	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Otsego	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Otsego	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Putnam	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-013)	Local HMO *	\$0.00					
Putnam	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Putnam	GHI Medicare Choice PPO	GHI Medicare PPO Pinnacle I (H5528-009)	Local PPO *	\$0.00					
Putnam	GHI Medicare Choice PPO	GHI Medicare PPO Pinnacle II (H5528-010)	Local PPO	\$20.00	\$20.00	\$0	Basic		•
Putnam	GHI Medicare Choice PPO	GHI Medicare PPO Pinnacle III (H5528-011)	Local PPO	\$30.00	\$30.00	\$0	Enhanced	Generics	•
Putnam	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Putnam	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Putnam	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Putnam	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Putnam	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Putnam	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Putnam	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Putnam	Today's Option	Today's Options Value (H3333-029)	PFFS *	\$15.00					
Putnam	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	\$43.00	\$27.70	\$0	Basic		•
Putnam	Today's Option	Today's Options Premier (H3333-030)	PFFS *	\$46.00					
Putnam	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	\$85.00	\$39.00	\$0	Enhanced	Generics	•
Queens	Aetna Medicare	Aetna Golden Medicare Value Plan (H3312-043)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Queens	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3312-025)	Local HMO	\$49.00	\$19.60	\$0	Enhanced	Generics	•
Queens	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3312-044)	Local HMO	\$69.00	\$41.10	\$0	Enhanced	Generics	•
Queens	Empire BlueCross BlueShield	MediBlue PPO Plus (H3342-001)	Local PPO	\$31.00	\$21.90	\$0	Enhanced		•
Queens	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-019)	Local HMO *	\$0.00					
Queens	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Queens	GHI Medicare Choice PPO	GHI Medicare PPO Plus (H5528-002)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Queens	GHI Medicare Choice PPO	GHI Medicare PPO Premier (H5528-003)	Local PPO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Queens	GHI Medicare Choice PPO	GHI Medicare PPO Prime (H5528-001)	Local PPO *	\$0.00					
Queens	Health Net Of NY	Health Net Green (H3366-021)	Local HMO *	\$0.00					
Queens	Health Net Of NY	Health Net Ruby (H3366-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Queens	Healthfirst Medicare Plan	Healthfirst 65 Plus Plan (H3359-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Queens	Healthfirst Medicare Plan	Healthfirst Coordinated Benefits Plan (H3359-027)	Local HMO *	\$0.00					
Queens	Healthfirst Medicare Plan	Healthfirst Increased Benefits Plan (H3359-019)	Local HMO	\$21.90	\$21.90	\$265	Basic		
Queens	HIP Health Plan of Greater New York	HIP VIP Medicare (H3330-021)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Queens	HIP Health Plan of Greater New York	HIP VIP Plus (H3330-023)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Queens	HIP Health Plan of Greater New York	HIP VIP Rx Carveout (H3330-025)	Local HMO *	\$0.00					
Queens	Hip Insurance Company Of New York	HIP VIP Independence (H3345-001)	Local PPO	\$55.00	\$23.90	\$265	Basic		•
Queens	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Queens	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Queens	Liberty Health Advantage	Liberty Health Advantage Preferred Choice (H3337-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Queens	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Queens	Neighborhood Health Providers	Neighborhood Medicare Platinum (H3336-007)	Local HMO *	\$0.00					
Queens	Neighborhood Health Providers	Neighborhood Medicare Plus (H3336-004)	Local HMO *	\$0.00					
Queens	Neighborhood Health Providers	Neighborhood Medicare Plus Rx (H3336-001)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Queens	Neighborhood Health Providers	Neighborhood Medicare Platinum with Rx (H3336-006)	Local HMO	\$24.40	\$24.40	\$265	Basic		
Queens	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage NYC (H3328-006)	Local HMO *	\$0.00					
Queens	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD NYC (H3328-008)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Queens	SecureHorizons	MedicareComplete Balance (H3307-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Queens	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Queens	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Queens	SecureHorizons	MedicareComplete Essential (H3307-018)	Local HMO *	\$0.00					
Queens	SecureHorizons	MedicareComplete Mosaic (H3307-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Queens	SecureHorizons	MedicareComplete Plan 1 (H3307-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Queens	SecureHorizons	MedicareComplete Plan 2 (H3379-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Queens	SecureHorizons	MedicareComplete Plan 3 (H3379-005)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Queens	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Queens	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Queens	Today's Option	Today's Options Value (H3333-029)	PFFS *	\$15.00					
Queens	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	\$43.00	\$27.70	\$0	Basic		•
Queens	Today's Option	Today's Options Premier (H3333-030)	PFFS *	\$46.00					
Queens	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	\$85.00	\$39.00	\$0	Enhanced	Generics	•
Queens	Touchstone Health	Touchstone Health Medicare Enhanced (H3327-014)	Local HMO *	\$0.00					

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Queens	Touchstone Health	Touchstone Health Medicare Lunar Plan 1 (H3327-028)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Queens	Touchstone Health	Touchstone Health Medicare Value (H3327-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Queens	Touchstone Health	Touchstone Health Medicare Total Advantage (H3327-002)	Local HMO	\$24.00	\$24.00	\$265	Basic		•
Queens	Touchstone Health	Touchstone Health Medicare Freedom (H3327-003)	Local HMO	\$50.00	\$0.00	\$0	Enhanced	Generics	•
Queens	WellCare	WellCare Choice (H3361-024)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Queens	WellCare	WellCare Dividend (H3361-039)	Local HMO *	\$0.00					
Queens	WellCare	WellCare Evergreen (H3361-086)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Queens	WellCare	WellCare Passport (H3361-051)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Rensselaer	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Rensselaer	CDPHP Medicare Choice	CDPHP Medicare Choice Value Plan (H3388-003)	Local HMO *	\$15.00					
Rensselaer	CDPHP Medicare Choice	CDPHP Medicare Choice (H3388-001)	Local HMO *	\$30.00					
Rensselaer	CDPHP Medicare Choice	CDPHP Medicare Choice Value Plan Part D (H3388-004)	Local HMO	\$42.40	\$26.50	\$0	Enhanced		•
Rensselaer	CDPHP Medicare Choice	CDPHP Medicare Choice with Part D (H3388-002)	Local HMO	\$63.70	\$25.10	\$0	Enhanced		•
Rensselaer	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-015)	Local HMO *	\$0.00					
Rensselaer	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-014)	Local HMO	\$31.00	\$18.10	\$0	Enhanced	Generics	•
Rensselaer	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Rensselaer	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Rensselaer	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Rensselaer	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Rensselaer	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Rensselaer	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Rensselaer	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Rensselaer	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Rensselaer	MVP Gold	MVP Gold (H9859-001)	Local HMO *	\$22.40					
Rensselaer	MVP Gold	MVP Gold Rx (H9859-002)	Local HMO	\$47.00	\$24.80	\$0	Basic		•
Rensselaer	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Upstate (H3328-001)	Local HMO *	\$0.00					
Rensselaer	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Upstate (H3328-003)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Rensselaer	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Rensselaer	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Rensselaer	SecureHorizons	MedicareComplete Plus Plan 1 (H3379-024)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Rensselaer	SecureHorizons	MedicareComplete Plus Plan 2 (H3379-034)	Local HMO *	\$0.00					
Rensselaer	Senior Blue	Senior Blue 601 (H3384-015)	Local HMO *	\$35.00					
Rensselaer	Senior Blue	Senior Blue 651 PartD (H3384-053)	Local HMO	\$40.00	\$25.10	\$0	Basic		•
Rensselaer	Senior Blue	Senior Blue 652PartD (H3384-013)	Local HMO	\$65.00	\$24.70	\$0	Basic		•
Rensselaer	Senior Blue	Senior Blue 653PartD (H3384-040)	Local HMO	\$85.00	\$39.90	\$0	Enhanced	Generics	•
Rensselaer	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Rensselaer	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Rensselaer	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Rensselaer	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Rensselaer	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Rensselaer	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Rensselaer	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701 Plus (H5526-001)	Local PPO *	\$75.00					
Rensselaer	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-003)	Local PPO	\$105.00	\$23.70	\$0	Basic		•
Rensselaer	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-007)	Local PPO	\$135.00	\$41.40	\$0	Enhanced	Generics	•
Rensselaer	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Rensselaer	WellCare	WellCare Advance (H3361-059)	Local HMO *	\$0.00					

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Rensselaer	WellCare	WellCare Choice (H3361-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Rensselaer	WellCare	WellCare Value (H3361-099)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Rensselaer	WellCare	Summit (H6499-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Richmond	Aetna Medicare	Aetna Golden Medicare Value Plan (H3312-043)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Richmond	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3312-025)	Local HMO	\$49.00	\$19.60	\$0	Enhanced	Generics	•
Richmond	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3312-044)	Local HMO	\$69.00	\$41.10	\$0	Enhanced	Generics	•
Richmond	Empire BlueCross BlueShield	MediBlue PPO Plus (H3342-001)	Local PPO	\$31.00	\$21.90	\$0	Enhanced		•
Richmond	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-019)	Local HMO *	\$0.00					
Richmond	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Richmond	GHI Medicare Choice PPO	GHI Medicare PPO Plus (H5528-002)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Richmond	GHI Medicare Choice PPO	GHI Medicare PPO Premier (H5528-003)	Local PPO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Richmond	GHI Medicare Choice PPO	GHI Medicare PPO Prime (H5528-001)	Local PPO *	\$0.00					
Richmond	Health Net Of NY	Health Net Green (H3366-021)	Local HMO *	\$0.00					
Richmond	Health Net Of NY	Health Net Ruby (H3366-008)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Richmond	HIP Health Plan of Greater New York	HIP VIP Medicare (H3330-021)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Richmond	HIP Health Plan of Greater New York	HIP VIP Plus (H3330-023)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Richmond	HIP Health Plan of Greater New York	HIP VIP Rx Carveout (H3330-025)	Local HMO *	\$0.00					
Richmond	Hip Insurance Company Of New York	HIP VIP Independence (H3345-001)	Local PPO	\$55.00	\$23.90	\$265	Basic		•
Richmond	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Richmond	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Richmond	Liberty Health Advantage	Liberty Health Advantage Preferred Choice (H3337-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Richmond	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Richmond	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage NYC (H3328-006)	Local HMO *	\$0.00					
Richmond	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD NYC (H3328-008)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Richmond	SecureHorizons	MedicareComplete Balance (H3307-011)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Richmond	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Richmond	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Richmond	SecureHorizons	MedicareComplete Essential (H3307-018)	Local HMO *	\$0.00					
Richmond	SecureHorizons	MedicareComplete Mosaic (H3307-015)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Richmond	SecureHorizons	MedicareComplete Plan 1 (H3307-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Richmond	SecureHorizons	MedicareComplete Plan 2 (H3379-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Richmond	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Richmond	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Richmond	Today's Option	Today's Options Value (H3333-029)	PFFS *	\$15.00					
Richmond	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	\$43.00	\$27.70	\$0	Basic		•
Richmond	Today's Option	Today's Options Premier (H3333-030)	PFFS *	\$46.00					
Richmond	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	\$85.00	\$39.00	\$0	Enhanced	Generics	•
Richmond	Touchstone Health	Touchstone Health Medicare Enhanced (H3327-014)	Local HMO *	\$0.00					
Richmond	Touchstone Health	Touchstone Health Medicare Value (H3327-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Richmond	Touchstone Health	Touchstone Health Medicare Total Advantage (H3327-002)	Local HMO	\$24.00	\$24.00	\$265	Basic		•
Richmond	Touchstone Health	Touchstone Health Medicare Freedom (H3327-003)	Local HMO	\$50.00	\$0.00	\$0	Enhanced	Generics	•
Richmond	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Richmond	WellCare	Concert (H6499-015)	PFFS	\$80.00	\$31.70	\$0	Enhanced		•
Rockland	Aetna Medicare	Aetna Golden Medicare Basic Plan (H3312-040)	Local HMO *	\$51.00					
Rockland	Aetna Medicare	Aetna Golden Medicare Value Plan (H3312-018)	Local HMO	\$75.00	\$8.80	\$0	Basic		•
Rockland	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3312-052)	Local HMO	\$96.00	\$32.30	\$0	Enhanced		•
Rockland	Aetna Medicare	Aetna Golden Choice Standard Plan (H5531-001)	Local PPO	\$102.00	\$18.90	\$0	Basic		•
Rockland	Aetna Medicare	Aetna Golden Choice Premier Plan (H5531-002)	Local PPO	\$128.00	\$53.80	\$0	Enhanced	Generics	•
Rockland	Empire BlueCross BlueShield	MediBlue PPO Essential (H3342-006)	Local PPO *	\$50.00					

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Rockland	Empire BlueCross BlueShield	MediBlue PPO Plus (H3342-002)	Local PPO	\$76.00	\$21.90	\$0	Enhanced		•
Rockland	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-010)	Local HMO *	\$0.00					
Rockland	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-020)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Rockland	Empire BlueCross BlueShield HMO	MediBlue HMO Select (H3370-002)	Local HMO	\$26.00	\$19.00	\$0	Enhanced		•
Rockland	GHI Medicare Choice PPO	GHI Medicare PPO I (H5528-004)	Local PPO *	\$0.00					
Rockland	GHI Medicare Choice PPO	GHI Medicare PPO II (H5528-005)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Rockland	GHI Medicare Choice PPO	GHI Medicare PPO III (H5528-008)	Local PPO	\$26.00	\$26.00	\$0	Enhanced	Generics	•
Rockland	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Rockland	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Rockland	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Rockland	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Hudson LI (H3328-009)	Local HMO *	\$54.00					
Rockland	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Hud LI (H3328-011)	Local HMO	\$75.00	\$20.80	\$0	Basic		•
Rockland	SecureHorizons	MedicareComplete (H3307-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Rockland	SecureHorizons	MedicareComplete Balance (H3307-013)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Rockland	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Rockland	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Rockland	SecureHorizons	MedicareComplete Essential (H3307-019)	Local HMO *	\$0.00					
Rockland	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Rockland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Rockland	Today's Option	Today's Options Value (H3333-029)	PFFS *	\$15.00					
Rockland	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	\$43.00	\$27.70	\$0	Basic		•
Rockland	Today's Option	Today's Options Premier (H3333-030)	PFFS *	\$46.00					
Rockland	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	\$85.00	\$39.00	\$0	Enhanced	Generics	•
Rockland	WellCare	WellCare Advance (H3361-056)	Local HMO *	\$0.00					
Rockland	WellCare	WellCare Choice (H3361-027)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Saratoga	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Saratoga	CDPHP Medicare Choice	CDPHP Medicare Choice Value Plan (H3388-003)	Local HMO *	\$15.00					
Saratoga	CDPHP Medicare Choice	CDPHP Medicare Choice (H3388-001)	Local HMO *	\$30.00					
Saratoga	CDPHP Medicare Choice	CDPHP Medicare Choice Value Plan Part D (H3388-004)	Local HMO	\$42.40	\$26.50	\$0	Enhanced		•
Saratoga	CDPHP Medicare Choice	CDPHP Medicare Choice with Part D (H3388-002)	Local HMO	\$63.70	\$25.10	\$0	Enhanced		•
Saratoga	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-015)	Local HMO *	\$0.00					
Saratoga	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-014)	Local HMO	\$31.00	\$18.10	\$0	Enhanced	Generics	•
Saratoga	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Saratoga	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Saratoga	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Saratoga	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Saratoga	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Saratoga	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Saratoga	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Saratoga	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Saratoga	MVP Gold	MVP Gold (H9859-001)	Local HMO *	\$22.40					
Saratoga	MVP Gold	MVP Gold Rx (H9859-002)	Local HMO	\$47.00	\$24.80	\$0	Basic		•
Saratoga	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Saratoga	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Saratoga	Senior Blue	Senior Blue 601 (H3384-015)	Local HMO *	\$35.00					
Saratoga	Senior Blue	Senior Blue 651 PartD (H3384-053)	Local HMO	\$40.00	\$25.10	\$0	Basic		•
Saratoga	Senior Blue	Senior Blue 652PartD (H3384-013)	Local HMO	\$65.00	\$24.70	\$0	Basic		•
Saratoga	Senior Blue	Senior Blue 653PartD (H3384-040)	Local HMO	\$85.00	\$39.90	\$0	Enhanced	Generics	•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Saratoga	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Saratoga	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Saratoga	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Saratoga	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Saratoga	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Saratoga	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Saratoga	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701 Plus (H5526-001)	Local PPO *	\$75.00					
Saratoga	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-003)	Local PPO	\$105.00	\$23.70	\$0	Basic		•
Saratoga	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-007)	Local PPO	\$135.00	\$41.40	\$0	Enhanced	Generics	•
Saratoga	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Saratoga	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Saratoga	WellCare	Summit (H6499-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Schenectady	Advantia® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Schenectady	CDPHP Medicare Choice	CDPHP Medicare Choice Value Plan (H3388-003)	Local HMO *	\$15.00					
Schenectady	CDPHP Medicare Choice	CDPHP Medicare Choice (H3388-001)	Local HMO *	\$30.00					
Schenectady	CDPHP Medicare Choice	CDPHP Medicare Choice Value Plan Part D (H3388-004)	Local HMO	\$42.40	\$26.50	\$0	Enhanced		•
Schenectady	CDPHP Medicare Choice	CDPHP Medicare Choice with Part D (H3388-002)	Local HMO	\$63.70	\$25.10	\$0	Enhanced		•
Schenectady	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-015)	Local HMO *	\$0.00					
Schenectady	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-014)	Local HMO	\$31.00	\$18.10	\$0	Enhanced	Generics	•
Schenectady	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Schenectady	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Schenectady	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Schenectady	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Schenectady	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Schenectady	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Schenectady	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Schenectady	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Schenectady	MVP Gold	MVP Gold (H9859-001)	Local HMO *	\$22.40					
Schenectady	MVP Gold	MVP Gold Rx (H9859-002)	Local HMO	\$47.00	\$24.80	\$0	Basic		•
Schenectady	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Upstate (H3328-001)	Local HMO *	\$0.00					
Schenectady	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Upstate (H3328-003)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Schenectady	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Schenectady	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Schenectady	SecureHorizons	MedicareComplete Plus Plan 1 (H3379-024)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Schenectady	SecureHorizons	MedicareComplete Plus Plan 2 (H3379-034)	Local HMO *	\$0.00					
Schenectady	Senior Blue	Senior Blue 601 (H3384-015)	Local HMO *	\$35.00					
Schenectady	Senior Blue	Senior Blue 651 PartD (H3384-053)	Local HMO	\$40.00	\$25.10	\$0	Basic		•
Schenectady	Senior Blue	Senior Blue 652PartD (H3384-013)	Local HMO	\$65.00	\$24.70	\$0	Basic		•
Schenectady	Senior Blue	Senior Blue 653PartD (H3384-040)	Local HMO	\$85.00	\$39.90	\$0	Enhanced	Generics	•
Schenectady	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Schenectady	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Schenectady	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Schenectady	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Schenectady	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Schenectady	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Schenectady	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701 Plus (H5526-001)	Local PPO *	\$75.00					
Schenectady	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-003)	Local PPO	\$105.00	\$23.70	\$0	Basic		•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Schenectady	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-007)	Local PPO	\$135.00	\$41.40	\$0	Enhanced	Generics	•
Schenectady	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Schenectady	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Schenectady	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Schenectady	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Schoharie	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Schoharie	CDPHP Medicare Choice	CDPHP Medicare Choice Value Plan (H3388-003)	Local HMO *	\$15.00					
Schoharie	CDPHP Medicare Choice	CDPHP Medicare Choice (H3388-001)	Local HMO *	\$30.00					
Schoharie	CDPHP Medicare Choice	CDPHP Medicare Choice Value Plan Part D (H3388-004)	Local HMO	\$42.40	\$26.50	\$0	Enhanced		•
Schoharie	CDPHP Medicare Choice	CDPHP Medicare Choice with Part D (H3388-002)	Local HMO	\$63.70	\$25.10	\$0	Enhanced		•
Schoharie	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Schoharie	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Schoharie	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Schoharie	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Schoharie	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Schoharie	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Schoharie	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Schoharie	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Schoharie	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Schoharie	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Schoharie	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H4720-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Schoharie	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Schoharie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Schoharie	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Schoharie	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Schoharie	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Schoharie	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Schoharie	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Schoharie	WellCare	Summit (H6499-008)	PFFS	\$140.90	\$5.30	\$0	Enhanced		•
Schuyler	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Schuyler	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-007)	Local PPO *	\$5.00					
Schuyler	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-009)	Local PPO	\$35.00	\$21.10	\$100	Enhanced		•
Schuyler	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-008)	Local PPO	\$35.00	\$35.00	\$50	Enhanced	Generics	•
Schuyler	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Schuyler	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Schuyler	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Schuyler	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Schuyler	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Schuyler	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Schuyler	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Schuyler	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Schuyler	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Schuyler	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Schuyler	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Schuyler	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Schuyler	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Schuyler	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Schuyler	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Schuyler	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Schuyler	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Schuyler	WellCare	Summit (H6499-006)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Seneca	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Seneca	Excellus Health Plan, Inc.	Medicare Blue Choice Value (H3351-008)	Local HMO *	\$15.00					
Seneca	Excellus Health Plan, Inc.	Medicare Blue Choice Platinum (H3351-007)	Local HMO *	\$35.00					
Seneca	Excellus Health Plan, Inc.	Blue Choice Senior (H3356-001)	Cost	\$36.60	\$36.60	\$0	Enhanced		•
Seneca	Excellus Health Plan, Inc.	Medicare Blue PPO - Plan 101 (H3335-031)	Local PPO *	\$70.00					
Seneca	Excellus Health Plan, Inc.	Medicare Blue Choice Optimum (H3351-006)	Local HMO	\$74.00	\$20.80	\$0	Enhanced		•
Seneca	Excellus Health Plan, Inc.	Medicare Blue PPO - Plan 201 (H3335-032)	Local PPO	\$90.00	\$22.20	\$100	Enhanced		•
Seneca	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Seneca	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Seneca	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Seneca	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Seneca	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Seneca	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Seneca	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Seneca	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Seneca	Preferred Care Gold	Preferred Care Gold (H3305-007)	Local HMO *	\$28.40					
Seneca	Preferred Care Gold	Preferred Care GoldRx (H3305-011)	Local HMO	\$62.00	\$22.00	\$0	Basic		•
Seneca	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere (H3346-001)	Local PPO *	\$66.40					
Seneca	Preferred Care GoldAnywhere	Preferred Care GoldAnywhereRx (H3346-002)	Local PPO	\$107.00	\$21.70	\$0	Enhanced	Generics	•
Seneca	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Seneca	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Seneca	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Seneca	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Seneca	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Seneca	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Seneca	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Seneca	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Seneca	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Seneca	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Seneca	WellCare	Summit (H6499-010)	PFFS	\$181.00	\$48.10	\$0	Enhanced		•
St. Lawrence	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
St. Lawrence	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-013)	Local PPO *	\$25.00					
St. Lawrence	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-015)	Local PPO	\$55.00	\$19.70	\$100	Enhanced		•
St. Lawrence	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-014)	Local PPO	\$55.00	\$36.40	\$50	Enhanced	Generics	•
St. Lawrence	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
St. Lawrence	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
St. Lawrence	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
St. Lawrence	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
St. Lawrence	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
St. Lawrence	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
St. Lawrence	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
St. Lawrence	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
St. Lawrence	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
St. Lawrence	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
St. Lawrence	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
St. Lawrence	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
St. Lawrence	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
St. Lawrence	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
St. Lawrence	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
St. Lawrence	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
St. Lawrence	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
St. Lawrence	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
St. Lawrence	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
St. Lawrence	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Statewide	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Statewide	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Steuben	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Steuben	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-007)	Local PPO *	\$5.00					
Steuben	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-009)	Local PPO	\$35.00	\$21.10	\$100	Enhanced		•
Steuben	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-008)	Local PPO	\$35.00	\$35.00	\$50	Enhanced	Generics	•
Steuben	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Steuben	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Steuben	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Steuben	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Steuben	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Steuben	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Steuben	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Steuben	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Steuben	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere (H3346-001)	Local PPO *	\$66.40					
Steuben	Preferred Care GoldAnywhere	Preferred Care GoldAnywhereRx (H3346-002)	Local PPO	\$107.00	\$21.70	\$0	Enhanced	Generics	•
Steuben	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Steuben	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Steuben	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Steuben	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Steuben	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Steuben	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Steuben	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Steuben	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Steuben	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Steuben	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Steuben	WellCare	Summit (H6499-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Suffolk	Empire BlueCross BlueShield	MediBlue PPO Essential (H3342-008)	Local PPO *	\$90.00					
Suffolk	Empire BlueCross BlueShield	MediBlue PPO Plus (H3342-004)	Local PPO	\$116.00	\$21.90	\$0	Enhanced		•
Suffolk	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-009)	Local HMO *	\$40.00					
Suffolk	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-004)	Local HMO	\$66.00	\$19.00	\$0	Enhanced		•
Suffolk	GHI Medicare Choice PPO	GHI Medicare PPO Pinnacle I (H5528-009)	Local PPO *	\$0.00					
Suffolk	GHI Medicare Choice PPO	GHI Medicare PPO Pinnacle II (H5528-010)	Local PPO	\$20.00	\$20.00	\$0	Basic		•
Suffolk	GHI Medicare Choice PPO	GHI Medicare PPO Pinnacle III (H5528-011)	Local PPO	\$30.00	\$30.00	\$0	Enhanced	Generics	•
Suffolk	HIP Health Plan of Greater New York	HIP VIP Rx Carveout (H3330-025)	Local HMO *	\$60.20					
Suffolk	HIP Health Plan of Greater New York	HIP VIP Medicare (H3330-021)	Local HMO	\$99.00	\$33.90	\$0	Enhanced	Generics	•
Suffolk	HIP Health Plan of Greater New York	HIP VIP Plus (H3330-023)	Local HMO	\$99.00	\$33.90	\$0	Enhanced	Generics	•
Suffolk	HIP Insurance Company Of New York	HIP VIP Independence (H3345-001)	Local PPO	\$144.00	\$23.90	\$265	Basic		•
Suffolk	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Suffolk	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Suffolk	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Suffolk	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Hudson LI (H3328-009)	Local HMO *	\$54.00					

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Suffolk	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Hud LI (H3328-011)	Local HMO	\$75.00	\$20.80	\$0	Basic		•
Suffolk	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Suffolk	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Suffolk	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Suffolk	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Suffolk	Today's Option	Today's Options Value (H3333-029)	PFFS *	\$15.00					
Suffolk	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	\$43.00	\$27.70	\$0	Basic		•
Suffolk	Today's Option	Today's Options Premier (H3333-030)	PFFS *	\$46.00					
Suffolk	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	\$85.00	\$39.00	\$0	Enhanced	Generics	•
Suffolk	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Sullivan	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Sullivan	Empire BlueCross BlueShield	MediBlue SmartValue Plus (H5304-001)	PFFS	\$47.90	\$18.30	\$0	Enhanced		•
Sullivan	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-017)	Local HMO *	\$10.00					
Sullivan	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-016)	Local HMO	\$36.00	\$19.00	\$0	Enhanced		•
Sullivan	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Sullivan	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Sullivan	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Sullivan	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Sullivan	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Sullivan	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Sullivan	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Sullivan	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Sullivan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sullivan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sullivan	Today's Option	Today's Options Value (H3333-029)	PFFS *	\$15.00					
Sullivan	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	\$43.00	\$27.70	\$0	Basic		•
Sullivan	Today's Option	Today's Options Premier (H3333-030)	PFFS *	\$46.00					
Sullivan	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	\$85.00	\$39.00	\$0	Enhanced	Generics	•
Sullivan	WellCare	WellCare Choice (H3361-028)	Local HMO	\$34.90	\$2.60	\$265	Basic		
Tioga	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Tioga	Aetna Medicare	Aetna Golden Medicare Value Plan (H3312-045)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Tioga	Aetna Medicare	Aetna Golden Medicare Standard Plan (H3312-046)	Local HMO	\$33.00	\$18.60	\$0	Enhanced	Generics	•
Tioga	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3312-047)	Local HMO	\$58.00	\$41.10	\$0	Enhanced	Generics	•
Tioga	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-007)	Local PPO *	\$5.00					
Tioga	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-009)	Local PPO	\$35.00	\$21.10	\$100	Enhanced		•
Tioga	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-008)	Local PPO	\$35.00	\$35.00	\$50	Enhanced	Generics	•
Tioga	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Tioga	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Tioga	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Tioga	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Tioga	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Tioga	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Tioga	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Tioga	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Tioga	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Tioga	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Tioga	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Tioga	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Tioga	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Tioga	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Tioga	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Tioga	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Tioga	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Tioga	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Tioga	WellCare	Summit (H6499-006)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Tompkins	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Tompkins	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE (H3335-013)	Local PPO *	\$25.00					
Tompkins	Excellus Health Plan, Inc.	Medicare Blue PPO - THREE (H3335-015)	Local PPO	\$55.00	\$19.70	\$100	Enhanced		•
Tompkins	Excellus Health Plan, Inc.	Medicare Blue PPO - TWO (H3335-014)	Local PPO	\$55.00	\$36.40	\$50	Enhanced	Generics	•
Tompkins	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Tompkins	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Tompkins	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Tompkins	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Tompkins	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Tompkins	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Tompkins	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Tompkins	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Tompkins	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Tompkins	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Tompkins	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Tompkins	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Tompkins	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Tompkins	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Tompkins	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Tompkins	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Tompkins	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Tompkins	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Tompkins	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Tompkins	WellCare	Summit (H6499-010)	PFFS	\$181.00	\$48.10	\$0	Enhanced		•
Ulster	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Ulster	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-017)	Local HMO *	\$10.00					
Ulster	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-016)	Local HMO	\$36.00	\$19.00	\$0	Enhanced		•
Ulster	GHI Medicare Choice PPO	GHI Medicare PPO I (H5528-004)	Local PPO *	\$0.00					
Ulster	GHI Medicare Choice PPO	GHI Medicare PPO II (H5528-005)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Ulster	GHI Medicare Choice PPO	GHI Medicare PPO III (H5528-008)	Local PPO	\$26.00	\$26.00	\$0	Enhanced	Generics	•
Ulster	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Ulster	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Ulster	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Ulster	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Ulster	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Ulster	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Ulster	MVP Gold	MVP Gold (H9859-003)	Local HMO *	\$102.10					
Ulster	MVP Gold	MVP Gold Rx (H9859-004)	Local HMO	\$126.80	\$24.70	\$0	Basic		•
Ulster	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Upstate (H3328-001)	Local HMO *	\$0.00					
Ulster	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Upstate (H3328-003)	Local HMO	\$21.00	\$20.80	\$0	Basic		•
Ulster	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Ulster	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Ulster	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Ulster	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Ulster	Today's Option	Today's Options Value (H3333-029)	PFFS *	\$15.00					
Ulster	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	\$43.00	\$27.70	\$0	Basic		•
Ulster	Today's Option	Today's Options Premier (H3333-030)	PFFS *	\$46.00					
Ulster	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	\$85.00	\$39.00	\$0	Enhanced	Generics	•
Ulster	WellCare	WellCare Advance (H3361-077)	Local HMO *	\$0.00					
Ulster	WellCare	WellCare Choice (H3361-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Ulster	WellCare	WellCare Value (H3361-104)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Ulster	WellCare	Concert (H6499-016)	PFFS	\$139.00	\$48.40	\$0	Enhanced		•
Warren	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Warren	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Warren	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Warren	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Warren	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Warren	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Warren	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Warren	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Warren	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Warren	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Warren	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Warren	Senior Blue	Senior Blue 601 (H3384-015)	Local HMO *	\$35.00					
Warren	Senior Blue	Senior Blue 651 PartD (H3384-053)	Local HMO	\$40.00	\$25.10	\$0	Basic		•
Warren	Senior Blue	Senior Blue 652PartD (H3384-013)	Local HMO	\$65.00	\$24.70	\$0	Basic		•
Warren	Senior Blue	Senior Blue 653PartD (H3384-040)	Local HMO	\$85.00	\$39.90	\$0	Enhanced	Generics	•
Warren	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Warren	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Warren	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Warren	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Warren	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Warren	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Warren	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701 Plus (H5526-001)	Local PPO *	\$75.00					
Warren	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-003)	Local PPO	\$105.00	\$23.70	\$0	Basic		•
Warren	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-007)	Local PPO	\$135.00	\$41.40	\$0	Enhanced	Generics	•
Warren	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Warren	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Warren	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Washington	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Washington	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Washington	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Washington	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Washington	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Washington	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Washington	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Washington	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Washington	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Washington	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Washington	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Washington	Senior Blue	Senior Blue 601 (H3384-015)	Local HMO *	\$35.00					

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Washington	Senior Blue	Senior Blue 651 PartD (H3384-053)	Local HMO	\$40.00	\$25.10	\$0	Basic		•
Washington	Senior Blue	Senior Blue 652PartD (H3384-013)	Local HMO	\$65.00	\$24.70	\$0	Basic		•
Washington	Senior Blue	Senior Blue 653PartD (H3384-040)	Local HMO	\$85.00	\$39.90	\$0	Enhanced	Generics	•
Washington	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Washington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Washington	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Washington	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Washington	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Washington	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Washington	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701 Plus (H5526-001)	Local PPO *	\$75.00					
Washington	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-003)	Local PPO	\$105.00	\$23.70	\$0	Basic		•
Washington	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-007)	Local PPO	\$135.00	\$41.40	\$0	Enhanced	Generics	•
Washington	WellCare	Concert (H6499-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Washington	WellCare	Duet (H6499-005)	PFFS *	\$0.00					
Washington	WellCare	Summit (H6499-008)	PFFS	\$140.90	\$5.30	\$0	Enhanced		•
Wayne	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Wayne	Excellus Health Plan, Inc.	Medicare Blue Choice Value (H3351-008)	Local HMO *	\$15.00					
Wayne	Excellus Health Plan, Inc.	Medicare Blue Choice Platinum (H3351-007)	Local HMO *	\$35.00					
Wayne	Excellus Health Plan, Inc.	Blue Choice Senior (H3356-001)	Cost	\$36.60	\$36.60	\$0	Enhanced		•
Wayne	Excellus Health Plan, Inc.	Medicare Blue PPO - Plan 101 (H3335-031)	Local PPO *	\$70.00					
Wayne	Excellus Health Plan, Inc.	Medicare Blue Choice Optimum (H3351-006)	Local HMO	\$74.00	\$20.80	\$0	Enhanced		•
Wayne	Excellus Health Plan, Inc.	Medicare Blue PPO - Plan 201 (H3335-032)	Local PPO	\$90.00	\$22.20	\$100	Enhanced		•
Wayne	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Wayne	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Wayne	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Wayne	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Wayne	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Wayne	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Wayne	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Wayne	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Wayne	Preferred Care Gold	Preferred Care Gold (H3305-007)	Local HMO *	\$28.40					
Wayne	Preferred Care Gold	Preferred Care GoldRx (H3305-011)	Local HMO	\$62.00	\$22.00	\$0	Basic		•
Wayne	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere (H3346-001)	Local PPO *	\$66.40					
Wayne	Preferred Care GoldAnywhere	Preferred Care GoldAnywhereRx (H3346-002)	Local PPO	\$107.00	\$21.70	\$0	Enhanced	Generics	•
Wayne	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Wayne	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Wayne	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Wayne	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wayne	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Wayne	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Wayne	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Wayne	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Wayne	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wayne	WellCare	WellCare Advance (H3361-101)	Local HMO *	\$0.00					
Wayne	WellCare	WellCare Choice (H3361-062)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Wayne	WellCare	WellCare Value (H3361-102)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Wayne	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Wayne	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Westchester	Aetna Medicare	Aetna Golden Medicare Basic Plan (H3312-040)	Local HMO *	\$51.00					
Westchester	Aetna Medicare	Aetna Golden Medicare Value Plan (H3312-018)	Local HMO	\$75.00	\$8.80	\$0	Basic		•

New York 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Westchester	Aetna Medicare	Aetna Golden Medicare Premier Plan (H3312-052)	Local HMO	\$96.00	\$32.30	\$0	Enhanced		•
Westchester	Aetna Medicare	Aetna Golden Choice Standard Plan (H5531-001)	Local PPO	\$102.00	\$18.90	\$0	Basic		•
Westchester	Aetna Medicare	Aetna Golden Choice Premier Plan (H5531-002)	Local PPO	\$128.00	\$53.80	\$0	Enhanced	Generics	•
Westchester	Empire BlueCross BlueShield	MediBlue PPO Essential (H3342-006)	Local PPO *	\$50.00					
Westchester	Empire BlueCross BlueShield	MediBlue PPO Plus (H3342-002)	Local PPO	\$76.00	\$21.90	\$0	Enhanced		•
Westchester	Empire BlueCross BlueShield HMO	MediBlue HMO Essential (H3370-010)	Local HMO *	\$0.00					
Westchester	Empire BlueCross BlueShield HMO	MediBlue HMO Plus (H3370-020)	Local HMO	\$0.00	\$0.00	\$0	Basic		•
Westchester	Empire BlueCross BlueShield HMO	MediBlue HMO Select (H3370-002)	Local HMO	\$26.00	\$19.00	\$0	Enhanced		•
Westchester	GHI Medicare Choice PPO	GHI Medicare PPO I (H5528-004)	Local PPO *	\$0.00					
Westchester	GHI Medicare Choice PPO	GHI Medicare PPO II (H5528-005)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Westchester	GHI Medicare Choice PPO	GHI Medicare PPO III (H5528-008)	Local PPO	\$26.00	\$26.00	\$0	Enhanced	Generics	•
Westchester	HIP Health Plan of Greater New York	HIP VIP Rx Carveout (H3330-025)	Local HMO *	\$60.20					
Westchester	HIP Health Plan of Greater New York	HIP VIP Medicare (H3330-021)	Local HMO	\$99.00	\$33.90	\$0	Enhanced	Generics	•
Westchester	HIP Health Plan of Greater New York	HIP VIP Plus (H3330-023)	Local HMO	\$99.00	\$33.90	\$0	Enhanced	Generics	•
Westchester	Hip Insurance Company Of New York	HIP VIP Independence (H3345-001)	Local PPO	\$144.00	\$23.90	\$265	Basic		•
Westchester	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Westchester	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Westchester	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Westchester	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage Hudson LI (H3328-009)	Local HMO *	\$54.00					
Westchester	New York State Catholic Hlth Plan Inc	Fidelis Medicare Advantage with PD Hud LI (H3328-011)	Local HMO	\$75.00	\$20.80	\$0	Basic		•
Westchester	SecureHorizons	MedicareComplete (H3307-012)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Westchester	SecureHorizons	MedicareComplete Balance (H3307-013)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Westchester	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Westchester	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Westchester	SecureHorizons	MedicareComplete Essential (H3307-019)	Local HMO *	\$0.00					
Westchester	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Westchester	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Westchester	Today's Option	Today's Options Value (H3333-029)	PFFS *	\$15.00					
Westchester	Today's Option	Today's Options Value Plus (H3333-025)	PFFS	\$43.00	\$27.70	\$0	Basic		•
Westchester	Today's Option	Today's Options Premier (H3333-030)	PFFS *	\$46.00					
Westchester	Today's Option	Today's Options Premier Plus (H3333-027)	PFFS	\$85.00	\$39.00	\$0	Enhanced	Generics	•
Westchester	Touchstone Health	Touchstone Health Medicare Value (H3327-015)	Local HMO	\$36.00	\$35.00	\$265	Basic		•
Westchester	WellCare	WellCare Choice (H3361-029)	Local HMO	\$59.00	\$0.00	\$265	Basic		
Wyoming	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Wyoming	Excellus Health Plan, Inc.	SeniorChoice Value (H3351-009)	Local HMO *	\$15.00					
Wyoming	Excellus Health Plan, Inc.	SeniorChoice Select (H3351-001)	Local HMO *	\$40.00					
Wyoming	Excellus Health Plan, Inc.	Univera Medicare PPO 103 (H3335-003)	Local PPO *	\$45.00					
Wyoming	Excellus Health Plan, Inc.	Univera Medicare PPO 102 (H3335-002)	Local PPO	\$60.00	\$20.00	\$100	Enhanced	Generics	•
Wyoming	Excellus Health Plan, Inc.	SeniorChoice Secure (H3351-002)	Local HMO	\$65.00	\$18.40	\$0	Enhanced		•
Wyoming	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Wyoming	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Wyoming	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Wyoming	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Wyoming	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Wyoming	Independent Health	Encompass 65 Basic (H3362-017)	Local HMO	\$0.00	\$0.00	\$265	Basic		
Wyoming	Independent Health	Encompass 65 Basic (H3362-018)	Local HMO *	\$0.00					
Wyoming	Independent Health	Encompass 65 (H3362-016)	Local HMO *	\$7.00					
Wyoming	Independent Health	Encompass 65 (H3362-003)	Local HMO	\$39.00	\$24.40	\$265	Basic		
Wyoming	Independent Health	IH's Medicare Passport Plan PPO (H3344-001)	Local PPO	\$48.00	\$24.40	\$265	Basic		
Wyoming	Independent Health	Encompass 65 Extra (H3362-004)	Local HMO	\$55.00	\$49.50	\$0	Enhanced	Generics and Brands	•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Wyoming	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Wyoming	Independent Health	IH's Medicare Passport Plan PPO Premier (H3344-003)	Local PPO	\$109.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Wyoming	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Wyoming	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Wyoming	Preferred Care Gold	Preferred Care Gold (H3305-007)	Local HMO *	\$28.40					
Wyoming	Preferred Care Gold	Preferred Care GoldRx (H3305-011)	Local HMO	\$62.00	\$22.00	\$0	Basic		•
Wyoming	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere (H3346-001)	Local PPO *	\$66.40					
Wyoming	Preferred Care GoldAnywhere	Preferred Care GoldAnywhereRx (H3346-002)	Local PPO	\$107.00	\$21.70	\$0	Enhanced	Generics	•
Wyoming	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Wyoming	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Wyoming	Senior Blue	Senior Blue 601 (H3384-022)	Local HMO *	\$0.00					
Wyoming	Senior Blue	Senior Blue 651PartD (H3384-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Wyoming	Senior Blue	Senior Blue 602 (H3384-051)	Local HMO *	\$20.00					
Wyoming	Senior Blue	Senior Blue 652PartD (H3384-052)	Local HMO	\$21.50	\$21.50	\$0	Basic		•
Wyoming	Senior Blue	Senior Blue 653PartD (H3384-041)	Local HMO	\$40.00	\$36.70	\$0	Enhanced	Generics	•
Wyoming	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Wyoming	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wyoming	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Wyoming	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Wyoming	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Wyoming	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Wyoming	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 701Plus (H5526-002)	Local PPO *	\$35.00					
Wyoming	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 751PartD (H5526-004)	Local PPO	\$75.00	\$23.60	\$0	Basic		•
Wyoming	Traditional Blue Medicare PPO	Traditional Blue Medicare PPO 752PartD (H5526-008)	Local PPO	\$120.00	\$37.80	\$0	Enhanced	Generics	•
Wyoming	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wyoming	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Wyoming	WellCare	Summit (H6499-009)	PFFS	\$161.00	\$26.40	\$0	Enhanced		•
Yates	Advantra® Freedom	Freedom 4 (H5952-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Yates	Excellus Health Plan, Inc.	Medicare Blue Choice Value (H3351-008)	Local HMO *	\$15.00					
Yates	Excellus Health Plan, Inc.	Medicare Blue Choice Platinum (H3351-007)	Local HMO *	\$35.00					
Yates	Excellus Health Plan, Inc.	Blue Choice Senior (H3356-001)	Cost	\$36.60	\$36.60	\$0	Enhanced		•
Yates	Excellus Health Plan, Inc.	Medicare Blue PPO - Plan 101 (H3335-031)	Local PPO *	\$70.00					
Yates	Excellus Health Plan, Inc.	Medicare Blue Choice Optimum (H3351-006)	Local HMO	\$74.00	\$20.80	\$0	Enhanced		•
Yates	Excellus Health Plan, Inc.	Medicare Blue PPO - Plan 201 (H3335-032)	Local PPO	\$90.00	\$22.20	\$100	Enhanced		•
Yates	Health Net	Health Net Pearl Option 1 (H5721-001)	PFFS *	\$0.00					
Yates	Health Net	Health Net Pearl Option 3 (H5721-003)	PFFS *	\$95.00					
Yates	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-006 (H5657-006)	PFFS	\$32.00	\$9.50	\$265	Basic		
Yates	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-004 (H5657-004)	PFFS	\$42.00	\$19.40	\$0	Enhanced		•
Yates	Humana Insurance Company of New York	Humana Gold Choice PFFS H5657-005 (H5657-005)	PFFS	\$62.00	\$19.40	\$0	Enhanced		•
Yates	Independent Health	Independent Health's Medicare Anywhere (H9519-002)	PFFS *	\$68.00					
Yates	Independent Health	Independent Health's Medicare Anywhere (H9519-001)	PFFS	\$127.00	\$55.50	\$0	Enhanced	Generics and Brands	•
Yates	MPower Health	MPower Health (H8011-001)	MSA Demo *	\$0.00					
Yates	Preferred Care Gold	Preferred Care Gold (H3305-007)	Local HMO *	\$28.40					
Yates	Preferred Care Gold	Preferred Care GoldRx (H3305-011)	Local HMO	\$62.00	\$22.00	\$0	Basic		•
Yates	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere (H3346-001)	Local PPO *	\$66.40					
Yates	Preferred Care GoldAnywhere	Preferred Care GoldAnywhereRx (H3346-002)	Local PPO	\$107.00	\$21.70	\$0	Enhanced	Generics	•
Yates	SecureHorizons	MedicareComplete Choice Plan 1 (R5342-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Yates	SecureHorizons	MedicareComplete Choice Plan 2 (R5342-002)	Regional PPO *	\$0.00					
Yates	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Yates	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Yates	Today's Option	Today's Options Premier (H3333-024)	PFFS *	\$0.00					
Yates	Today's Option	Today's Options Value (H3333-023)	PFFS *	\$0.00					
Yates	Today's Option	Today's Options Value Plus (H3333-026)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Yates	Today's Option	Today's Options Premier Plus (H3333-028)	PFFS	\$39.00	\$38.90	\$0	Enhanced	Generics	•
Yates	WellCare	Freedom (H6499-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Yates	WellCare	Concert (H6499-014)	PFFS	\$41.00	\$5.40	\$0	Enhanced		•
Yates	WellCare	Summit (H6499-008)	PFFS	\$140.90	\$5.30	\$0	Enhanced		•